ABSTRACT
OF A
# Clinical Lecture
ON A
# CASE IN WHICH NUMEROUS GALL-STONES WERE DISCHARGED THROUGH A FISTULOUS OPENING IN THE ABDOMINAL WALL.

*Delivered in King's College Hospital, May 11th, 1880,*

BY I. BURNEY YEO, M.D., F.R.C.P.,
PHYSICIAN TO THE HOSPITAL.

GENTLEMEN,—I have enumerated the various ways in which biliary concretions may escape from the gall-bladder and the biliary passages, and the case to which I now wish especially to direct your attention is one in which the gall-stones have been discharged in a somewhat unusual manner—viz., through a fistulous opening in the abdominal wall. I show you here between seventy and eighty gall-stones which have been discharged by my patient in this way. Over a hundred have been discharged altogether; twenty-five of these, however, were removed by an operation the particulars of which I shall immediately detail. You will observe that these concretions are facetted as gall-stones usually are when they are numerous. They vary in size from that of a hemp-seed to that of a large pea; they are of a brownish-yellow colour, and on section they display the ordinary structure of gall-stones—viz., a dark, almost black, nucleus, surrounded by a light brown "body" and an external crust.

This patient, a married woman, a dressmaker, fifty-six years of age, was admitted into the hospital on the 24th of last October. She had occasionally come under observation from time to time as an out-patient during the previous five years, and was looked upon as a rather troublesome nervous woman, with dyspeptic symptoms. She used to complain of pain and flatulence after food, with occasional vomiting, but had never, while attending as an out-patient, presented any signs of jaundice, nor had she ever complained of attacks of acute pain such as occur during the passage of gall-stones. She states now, however, that she remembers an attack of sudden pain in the hepatic region so long ago as 1873, and that this was associated with slight jaundice of the conjunctivæ and skin. She also states that in February of last year she had a severe attack of jaundice, during which she kept her bed for two months. For the first fortnight of this attack she suffered great pain, and the motions were quite white, then the pains diminished and disappeared, but the discoloration of the skin remained for some months, so that this patient may have discharged gall-stones in the ordinary way for some years. Last August she first noticed a swelling in the lower part of the abdomen on the right side, which she was ordered to poultice. She had suffered much pain while it was forming. In September this broke, and discharged "blood and matter," and the day after four gall-stones came away through the opening, their passage being attended with much suffering; *fifty-one* concretions came away in one week, and as many as *twenty-one* in one day. She had passed, on her admission, *sixty-one* gall-stones altogether, and she passed *seventeen* more during the first fortnight of her stay in the hospital. On analysis, they were found to be composed of cholesterin and bile-pigment.

On examination of the abdomen, on her admission, an external opening low down on the right side in the abdominal wall was found, situated in the hypogastric region, about three-quarters of an inch from the median line, and about five inches below the umbilicus. It was discharging a considerable quantity of glairy mucus, not unlike the white of egg. A deep inflammatory blush, at this time extended for a considerable distance around the opening. A probe introduced into the opening passed readily for six or seven inches upwards and to the right, where it apparently came against and was arrested by a hard mass, which could be felt through the abdominal walls, and grasped, as if it were the fundus of a displaced and distended gall-bladder; while, extending downwards from this, and following the course of the sinus, was an extensive mass of inflammatory induration.

No discharge of anything like bile had ever been observed from the external opening of the sinus. The few biliary calculi that were passed soon after her admission were passed without any suffering; and with rest in bed and appropriate treatment the inflammatory condition of the integuments around the sinus rapidly subsided. Her constitutional condition was good; tongue clean; appetite fair; some tendency to constipation; urine normal. There was no enlargement or tenderness over the liver, or in the natural situation of the gall-bladder.

On Nov. 7th Mr. Lister was good enough to see the patient with me, and, as we thought there might be many more calculi accumulated in the hard mass at the end of the sinus, and which might possibly be the displaced gall-bladder, Mr. Lister proceeded to dilate the passage rapidly by means of large-sized metallic urethral dilators. This was done twice, but without any marked result; one or two small calculi continued to be passed at intervals.

The patient continued without much change until the middle of February. Several weeks had elapsed without the passage of any more calculi, and, as the sinus still continued to discharge a considerable quantity of the glairy mucus I have before described, it was determined, after consultation with Mr. Lister, that he should slit up and explore the sinus.

On the 16th February the patient was put under chloroform, and a large probe being passed along the sinus as far as it could go—viz., between five or six inches,—the thickness of the abdominal wall between the surface and the sinus was cautiously divided, the cut extending from the orifice of the sinus upwards and outwards towards the somewhat globular mass situated about midway between the costal margin and the crest of the ilium. In doing this a considerable thickness of the abdominal wall had to be divided, the wound extending nearly down to the peritoneum. About twenty calculi were dislodged from along the tract of this sinus, and the round mass before described appeared, so far as we could judge, not to be the gall-bladder, but merely the result of inflammatory induration. On carefully examining the sinus now it was exposed, a small diverticulum to the right admitted of the passage of the probe for about an inch and a half. This was slit up, and five more calculi discovered, so that five-and-twenty biliary concretions in all were found infiltrated, as it were, in the abdominal wall, and were removed by this operation.

The wound, which was a large one, was dressed with glycerine and carbolic acid, and the patient removed to bed. The patient bore the operation extremely well. The next day the temperature rose about one degree, soon to fall again to normal. A faint putrid odour was given off by the wound for a few days, but this disappeared and the wound steadily filled up. It is now nearly quite healed. There has been no further discharge of gall-stones and no complaint of pain, and the sinus appears completely closed.

There are many cases on record of the passage of gall-stones through fistulous openings in the abdominal walls, and they have nearly all occurred in the persons of women of middle or advanced age, like our patient, who is aged fifty-six. The process which leads to the formation of these fistulæ is usually as follows:—The ulcerative inflammation set up in the gall-bladder leads to adhesion of the superjacent abdominal wall, and the ulcerative process "eats its way through the adherent abdominal wall till it reaches the surface."

We may suppose that in this case the gall-bladder had become distended by a vast accumulation of biliary calculi. Some of these had from time to time escaped in the usual manner, along the common bile-duct into the intestine; the passage of the smaller ones giving rise to no suffering, the passage of the larger ones being attended with the symptoms of biliary colic, which this patient appears to have suffered at least twice, at long intervals. Then, probably, one larger than its predecessors became impacted in the cystic duct, and set up inflammation which led to the closure of the duct. Subsequently the inflammatory and ulcerative action extended through the coats of the gall-bladder and the adherent portion of the abdominal wall. A number of gall-stones then made their escape, and became as it were infiltrated into the abdominal wall, working their way downwards between its layers, and giving rise to fistulous tracts, and setting up a great amount of inflammatory thickening

and induration around, and finally discharging at a point low down on the abdominal surface, no doubt quite remote from the seat of the original opening in the gall-bladder, which may have become completely closed before the formation of an external wound. So that in this case, as in most others of the kind on record, the cystic duct must certainly have become closed before the formation of the fistula in the abdominal walls.

The discharge, after the first rupture of the superficial abscess, has always been that of white, glairy mucus. We thought, for some time, that this discharge proceeded from the mucous membrane of the gall-bladder itself, which we imagined was in direct communication with the fistulous tract, and on that account we hesitated long before having recourse to any operative procedure, for we thought that if we were to divide the fistula as high up as we could go we should still have remaining behind the discharging inner surface of the gall-bladder. But as the discharge still continued undiminished in quantity, and as it was a perpetual nuisance to the patient, and as it seemed probable, if she were allowed to leave the hospital, inflammation would again set in around the sinus and its opening, and as we considered that if we divided the sinus as far as we could we should certainly leave a less extent of discharging surface, and bring the external opening much nearer the source of the gall-stones, if there were any more to pass, as seemed most likely, and as the patient herself was very anxious that something should be done, Mr. Lister divided the sinus, as I have told you. It was an operation of some importance, for the sinus ran for some distance five or six inches, and was deeply situated in the abdominal wall about an inch and a half from the surface, and was, therefore, very near the peritoneum. A gall-stone was found impacted at the end of the main sinus, and then beyond this several more; five and twenty, and some fragments, altogether being removed from the main sinus and a diverticulum from it. The success of the operation has been complete. No further gall-stone has been passed, and there is now no more secretion, the wound appearing completely healed, so that we hope to be able to discharge the patient from the hospital in a few days.

The issue of the case has been a very fortunate one. The patient is not likely to have any further trouble from biliary calculi, and the operation has relieved her from what was, though not a painful, yet a very distressing, state of affairs—viz., a constant and profuse discharge from a fistulous opening in the abdominal walls.

---

# Lectures
ON
# THE RELATIONS OF SARCOMA TO CARCINOMA.

*Delivered at the Royal College of Surgeons in June, 1880.*

BY HENRY TRENTHAM BUTLIN, F.R.C.S.,
ERASMUS WILSON PROFESSOR OF PATHOLOGY TO THE COLLEGE, ASSISTANT-SURGEON TO ST. BARTHOLOMEW'S HOSPITAL, &c.

## LECTURE I.—PART I.
### TUMOURS OF THE TESTIS.

MR. PRESIDENT AND GENTLEMEN,—As the first Erasmus Wilson Professor of Pathology under the new conditions of the trust, the duty devolves on me, which I cannot but regard with pleasure, of expressing, so far as I can do so in words, the feeling of gratitude which must animate all those who are working in the great field of pathology towards the founder of this chair.

The act, generous in itself, is rendered yet more graceful by his permission to deflect the endowment from the purpose to which it was at first devoted to one which cannot in the nature of things be so dear to him as the encouragement of his own favourite study of dermatology. I trust, however, that Mr. Wilson may be in some sort repaid by the impetus which will certainly be communicated to the study of pathology and by the knowledge that through his means this impetus has been conveyed.

A classification of tumours may be based either on their anatomical or clinical characters. At the present time the former is nearly exclusively employed and the clinical classification has fallen almost entirely into disuse. Nor is this, I imagine, solely due to the influence of fashion, although I am aware she exercises even in pathology considerable sway. But the anatomical classification is preferred because it is more scientific and is more in accordance with the methods which are adopted in arranging plants and animals, methods from which the best results have been obtained, and by which our knowledge of these things has probably been much increased. It cannot, of course, be maintained that the anatomical classification is perfect, or that it fulfils every purpose for which it was designed. To judge justly of its merits, however, it must be compared, not with some ideal method, but with the method it has succeeded in replacing. I think it will be admitted that a classification, on whatever basis arranged, should be consistent or should at least be capable of being made consistent; and, as a corollary of this, that classification must be the best of which every part is in harmony with every other part, and all whose parts are in harmony with the principle on which the classification is arranged.

In the "Nomenclature of Diseases" drawn up by a Joint Committee of the College of Physicians in 1869, tumours are arranged according to what is understood as the clinical method. The great primary division is of all tumours into malignant and non-malignant. Of the malignant growths the scirrhous and medullary varieties are so formed on the ground of their clinical characters; but the definition of the variety epithelial cancer admits that the cancer is "characterised by the resemblance of its cells to those of epithelium." So slight a deviation from the guiding principle, however, might be pardoned, but the non-malignant tumours are subdivided according to the likeness each presents to some natural texture of the body, as fibrous, fatty, osseous. And among these, with an inconsistency more striking still, are found varieties which depend upon their microscopic structure, the fibro-plastic and fibro-nucleated tumours, which, clinically, are more than half-malignant, and anatomically cannot be distinguished with the naked eye. I say "cannot be distinguished with the naked eye" not on my own authority, but on that of Dr. Bennett,[1] who, speaking of the fibro-nucleated cancroid growth, uses these words, "I know of no means of distinguishing it except by a microscopic examination, as sometimes the growth exactly resembles scirrhus, at others encephaloma." And Sir James Paget,[2] describing the recurring-fibroid tumours, which are included with the fibro-plastic, makes one of their chief characteristics the resemblance of their general aspect to that of the common fibrous tumours.

Here, then, is a classification purporting to be clinical but of which more than half the classes are based upon other than clinical grounds, some of them upon the gross or rough anatomical appearances, others of them upon the microscopic characters. I should not deem it necessary thus to criticise a method of arrangement which was most valuable thirty years ago, and under which, or perhaps in spite of which, the study of oncology made rapid strides, but the loss of it has been made a subject of deep and wide-spread lamentation, exceeded only by the indignant scorn with which its successor was received.

Now, whatever may be said against the anatomical classification on the ground of imperfection or of uselessness at the bedside, it cannot be reproached with being generally inconsistent. Its inconsistencies are few, and those which yet remain are gradually yielding before a wider knowledge of the subject and clearer insight into the nature of certain doubtful groups. Most of the groups of non-malignant tumours have been transferred unchanged to corresponding groups in the new system, but the difficulties experienced in arranging the malignant and semi-malignant tumours have not yet been wholly overcome. Virchow,[3] discerning certain structural characters common to the fibro-plastic,

[1] On Cancerous and Cancroid Growths (Edin.), 1849, p. 176.
[2] Lectures on Surgical Pathology (London, 1853), p. 155.
[3] Krankhaften Geschwülste, Band ii.

recurring fibroid, and fibro-nucleated tumours, gathered them into a single class, with such other growths as presented similar characters, and called the class sarcoma. Sarcoma, as defined by Virchow, was a tumour of the connective-tissue series characterised by an excessive development of cells. But Virchow's carcinoma was also a tumour of connective-tissue origin, and often presented a preponderating growth of cells. It was therefore impossible in many instances to distinguish between sarcoma and carcinoma. I will not weary you with a detailed history of various efforts made to overcome this difficulty, of minor differences discovered between sarcoma and carcinoma, some of them useful and still used, but none of them sufficient, until at length Waldeyer[4] succeeded in tracing carcinoma to an epithelial origin. This theory of carcinoma, worked out with an admirable sagacity, has formed the basis of all succeeding investigations, and although it has been ably contested and has been made a subject of frequent debate, free ventilation has only served to strengthen its position and to render it generally received. I accept without reserve this theory of the epithelial origin of carcinoma, in part because, to me, Waldeyer's reasons appear sound and his conclusions just, but chiefly because I have myself been so fortunate in certain varieties of carcinoma as to trace as clearly as may be the process by which a carcinoma is developed from epithelial cells. It is right I should here refer to the more advanced attempt which has been made to classify these tumours, in accordance not merely with the form but with the origin of the tissue from which they grow. Whether this will be possible in the future I do not know. But at present I shall not adopt it, first, because I do not see what object is by its means attained, and, second, because I am sure by its use much confusion would be produced. For example, the whole testis is said to be derived from the mesoblast. Even its epithelium, therefore, according to this view, is incapable of developing a carcinoma.

I shall then define carcinoma to be a tumour of epithelial origin, having generally an alveolar structure, and sarcoma a tumour of connective-tissue origin, formed generally of embryonic tissues, and without alveolar structure. And for minor differences the cells of carcinoma generally resemble those of the epithelium from which it grows; there is little intercellular tissue; the vessels run in the fibrous tissue, not among the cells, and multiplication of cells is by endogenous formation. On the other hand, sarcoma is composed of round, or fusiform, or giant-cells, and these are packed in a more or less abundant basis; the vessels are often mere fissures between the cells, and the cells increase in number by division. These minor characters are common, but they are not constant. One or other of them may be absent in a tumour of either class, or, worse, may be present in a tumour of the other class. More commonly it is sarcoma which thus simulates the appearance of carcinoma, but, fortunately, this feigning takes place most often in textures where there can be no question of the origin, and therefore of the nature of the tumour. The alveolar structure found in some sarcomas is rarely so perfect as that of most epithelial tumours; indeed, careful study discovers that the tissue which surrounds the alveoli is generally formed of spindle-cells. There is in most cases no real difficulty in assigning each tumour to its class. But where the characters which should be distinguishing are not clearly marked, and the origin cannot be ascertained, the tumour must be left unclassed. Although little can be said against the anatomical method of arrangement, much objection may be fairly made to its nomenclature. The terms hard and soft still applied to varieties of carcinoma, even the words carcinoma and sarcoma themselves, are an offence against a rigid system of anatomical nomenclature. The powerful influence of long usage, and the difficulty of discovering and agreeing upon efficient substitutes, are the only reasons which can be given for still continuing to employ them. It appears to have been expected that if the structure of a tumour can be so clearly made out that it can be referred, not only to class, but to sub-class or group, its whole course and tendencies ought immediately to be discernible—an impression which I imagine arose from the almost unvarying course of many of the fibrous, fatty, or osseous tumours, and from the malignancy of most of those which are truly cancerous—a malignancy which nevertheless is liable to the most singular variation. And great disappointment has been felt that this expectation has not been realised, nay, has been so little realised that it cannot be asserted of any case of sarcoma from a knowledge of its structure whether or not it will recur, or will affect the lymphatic glands, or in what direction it will become generalised.

The objects of the present inquiry are to discover how far the course of a tumour can be predicted from a knowledge of its intimate structure, whether there really exists so little or so large a difference as has been asserted between sarcoma and carcinoma, and whether in a doubtful case the microscope is likely to be truly useful. Of course I am aware that many general and special text-books on pathology contain accounts of these tumours, and of their supposed tendencies. My excuse for adding one more to these accounts is—first, that most of them were written before the modern method of arrangement and manner of preparing sections permitted their authors to collect a sufficient number of unquestionable cases for the purpose of comparison; and next, that I shall investigate the subject in a different manner to that which is commonly adopted, and shall study not so much similar tumours of different tissues and organs as different tumours of the same tissue or organ, by which means I hope a more correct idea may be obtained of their relative course and tendencies. Even now the number of cases gathered from my own experience at St. Bartholomew's Hospital, and from published records, is not so large as I could wish; for many have been rejected of whose accuracy I could not feel assured in order that the truth of the inquiry might be as little as possible prejudiced by falsity of the details on which it is founded. Among other difficulties by which I have been met one is due to those transformations of their substance so common in many tumours, which render their original structure a matter of conjecture. In such cases I have been guided chiefly by the nature of their softer and more recent parts, and have often been much assisted by a study of any secondary tumours which were present.

In to-day's lecture I shall compare tumours of the testis; and in the two following lectures tumours of the bones. Of course, these are only parts of a much larger study, comprising indeed the whole pathology of carcinoma and sarcoma, but I hope each part will be so far complete that, should the inquiry be arrested at any point, what has been finished may be found not altogether useless.

The testis may be the seat either of sarcoma or carcinoma. The former appears to originate in the connective-tissue walls of the tubuli seminiferi or in the tissue between the tubules. The new growth increasing, gradually separates the tubules more widely from each other, and at the same time diminishes their calibre and destroys their natural form. But for a long time, even in tumours of large size, tubules can still be recognised scattered at irregular intervals through the growth, perhaps still lined with epithelial cells or with the remains of epithelium. The new tissue generally takes the form of vast numbers of round cells imbedded in a somewhat scanty basis substance, often traversed by fibrous tissue, and not uncommonly exhibiting a delicate reticulated structure; or of fusiform or spindle cells arranged in the form of trabeculæ, which interlace, join, and cross each other at various angles. Sometimes, mixed with either of these two forms, there occur stellate cells in a viscid or hyaline basis, or hyaline cartilage may be found forming either a kind of framework through the growth or perhaps a large portion of its bulk.

Carcinoma is a growth originating in proliferation of the epithelium of the gland. Its alveolar structure is generally pronounced, its cells increase in number by endogenous multiplication. I have not myself been fortunate enough to trace the development of carcinoma from the tubules of the testis, but this has been done by Birch-Hirschfeld[5] in a testis the cancerous tumour of which was still surrounded by a thin layer of the tissue of the gland. In this layer existed a series of transitional forms from an almost normal tubule to the fully-developed alveolus of the carcinoma. The changes were effected mainly by the action of the epithelium, the cells of which multiplied, filled, and dilated the tubules, and thence spread into the surrounding tissue. The only form of carcinoma with which I am acquainted is the soft variety. Nor have I found on record any authentic case of hard carcinoma of the testicle. Three cases are mentioned by Mr. Curling,[6] but they do not appear to have

[4] Virchow's Archiv, Band lv. (1872), S. 124, Die Entwickelung der Carcinome.

[5] Archiv der Heilkunde, 1868, S. 537.

[6] Diseases of the Testis, 4th edit., chap. viii. London, 1878.

been examined with the microscope. Manoury's[7] celebrated case, of which Nepveu made the examination, was, I cannot but think, a fibrous sarcoma. For the fibrous tracts radiating forwards fanlike from the body of Highmore suggest hypertrophy of the fibrous partitions of the gland; the fine meshwork in the alveoli is not indicative of carcinoma; and the wide tracts of connective tissue separating compressed and atrophied tubules are appearances characteristic of sarcoma, not of carcinoma. Kocher[8] states that cartilage occurs in carcinoma, and that the combination is more frequent than that of cartilage with sarcoma. I can scarcely understand the source whence this conclusion is derived, for in the cases of carcinoma drawn from my own experience, and from the records of surgery searched through many years I have not found a single case of carcinoma containing cartilage. Judging from analogy, too, the combination is not one we should expect.

Of the course and characters of most cases of sarcoma and carcinoma a single description might suffice, for with certain exceptions, to which I shall presently refer, there are no means by which we can distinguish between the two diseases. Let me illustrate their general course by certain cases in which the salient features are exhibited of each disease, if not all of them, some, at least, of the most important in each case.

First of carcinoma.

A German student, single, twenty-one years of age, whose case is very fully related by Birch-Hirschfeld[9] in the *Archiv der Heilkunde*, first noticed swelling of the left testis in 1866. He could assign no cause, venereal or other, for the enlargement, and could remember no squeeze or hurt. For a while the affection seemed to grow less, or at least not to increase; and in the early part of 1867 it had made so little progress that he was considered fit for active military service. But in the spring of 1867 he was again examined, when the testis appeared as a tolerably firm tumour, perhaps as large as a small egg, smooth, and free from pain. From this time, its growth, although not rapid, was continuous, and the tumour attained a considerable size. In February, 1868, he could no longer walk or even move about, but was obliged to retain his bed on account of swelling and œdema of both legs. These symptoms were shortly followed by manifest enlargement of the liver, and in May he died. At the autopsy the tumour was the size of a child's head, but by the evacuation of eight ounces of fluid from the tunica vaginalis its bulk was much diminished. It was at no part ulcerated, or even adherent to the scrotum. The cord was greatly thickened below, but the increase in its size became much less before it entered the abdomen. When laid open the tumour presented a perfect specimen of encephaloid cancer. The epididymis was changed in like manner as the testis. At first all the normal structure of both appeared to have been destroyed, but examination left no doubt that opposite the corpus Highmori a thin layer of gland-structure covered the surface of the tumour. The right testis was sound. The inguinal, pelvic, and lumbar glands formed a large cancerous mass occupying the left side of the pelvis and abdomen. The liver was much enlarged, and very full of secondary growths, many of which were of large size. Both lungs contained secondary nodules, but neither in size nor number could they be compared with those of the glands or liver. I have already spoken of the minute structure of the tumour, for it is that in which Birch-Hirschfeld succeeded in tracing the process by which alveoli are formed from the tubules of the gland. Only in one particular does this case deviate from what may be regarded as the type of carcinoma of the testis. The patient was younger than the age at which the disease most commonly occurs.

A dyer, thirty years old, married, the father of five children, the youngest of whom was but two months old, noticed two years before he was admitted to the hospital that his right testis was the size of a hen's egg. He could not account for this circumstance, and apparently thought little of it; but the tumour continued regularly to enlarge, until at the end of a year it was tapped and six ounces of bloody fluid were removed. Six months later the tapping was repeated, but only a few drops of blood issued through the trocar. Although the tumour attained a considerable size, and was therefore wearisome by reason of its bulk and weight, it caused the patient very little pain. He was a thin, anæmic man, with a huge tumour occupying the position of the right testis—a tumour of oval form, fourteen and a half inches in circumference, quite smooth, elastic, tense, firmer below than at the upper part. The scrotum could be raised with difficulty off the surface of the tumour, and the superficial veins were tortuous and full. The disease extended high up along the cord, which appeared, however, to be of normal size before the internal ring was reached. Deep down in the abdomen, on the same side, firm masses of irregular form could be distinguished. To relieve him of the encumbrance, but only as a palliative measure, Mr. Langton performed castration. During the operation some twenty ounces of clear yellow fluid were drawn off. The tumour, the fibrous tunic of which was still unbroken, consisted of a central, soft, dark fawn-coloured pulp, surrounded by a firmer substance of the same fawn colour. No trace of the secreting structure of the testis or of the epididymis could be discerned. Immediately above the tumour in the cord was a second smaller mass of like colour and consistence, but above this mass the cord seemed natural. The microscope revealed an alveolar structure, the alveoli of which enclosed large round or ovoid cells, resembling greatly the epithelium of the gland. Five days after the operation symptoms of peritonitis were observed, and with these symptoms ten days later the patient died. No post-mortem examination was permitted—a twofold misfortune; for, first, its absence destroyed the completeness of the case so far as the cancer is concerned; and second, the cause of the inflammation of the peritoneum must remain for ever uncertain, since nothing occurred during the operation by which it could be accounted for.

As examples of sarcoma to compare with these the following may serve:—

In November, 1876, I received a tumour of the testis from Mr. Lant Smith, of Alcester, with a note to the effect that it had been the day before removed from the scrotum of a child six years of age, who had come under his notice about six weeks previously. It was uncertain when the tumour first began to grow, but during those weeks it had increased one-half in size. Mr. L. Smith added, "there is some uncertainty about the paternity of the boy, but a reputed father died last year from cancer of the liver. The husband of the mother is living, which renders it difficult to establish the paternity." The epididymis and body of the testis were both affected, but the cord was not involved. The tumour measured, after removal, 3 in. by 1½ in. Externally its surface was quite smooth and unbroken, on section white and homogeneous, but intersected by faint fibrous bands. Its consistence was firm and equal. Everywhere the normal structure of the testis was replaced by spindle cells and coarse fibres, with which were mingled confusedly round or oval cells, granular, and of large size. Diagrams of enlarged copies of the microscopic structure, the one as seen with a low power, the other more highly magnified, both accord in an entire absence of alveolar structure.

The boy recovered from the operation, and until July of last year (1879) I heard no more respecting him. Mr. Smith then wrote to tell me that his patient was at the point of death. His abdomen was occupied by a large tumour, extending from the right inguinal region to the cartilages of the ribs, and by a second smaller mass in the situation of the spleen. The larger tumour had first been noticed fully two years previously, some six or eight months therefore after castration was performed. The second tumour was of recent growth. A few days later the patient died, when, to our chagrin, his mother's husband, who had learned to entertain for him the affection of a father, could not prevail upon himself to permit him to be opened.

In almost every point this case corresponds with most cases of sarcoma of the testis in children, particularly in its somewhat confused structure and absence of cysts or cartilage, in its rapid growth and in the secondary affection of the lymphatic glands, for that I imagine was the nature of the tumour which reached from the groin to the costal cartilages. So little doubtful does this appear to be that I would even venture to deduce from it a lesson teaching of the slow progress of glandular disease, its mild action on the economy, perhaps even its power of withholding, for a period, generalisation by the blood.

A case equally characteristic of its kind, but differing widely from the last, is that of a wood-sculptor, fifty-seven years of age, who was castrated by M. Trélat in February, 1876. His case is related by Letulle,[10] and I use it in

[7] Gazette Hebdom., 1871, p. 640.
[8] Pitha and Billroth's Handbuch der Chirurgie, Bd. iii., Abth. 2, Lief 738, S. 340.
[9] Loc. cit.
[10] Bull. Soc. Anat., 1876, p. 149.

preference to one very similar which I myself observed, because it is somewhat more complete. The man was the father of fourteen children. At twenty years of age he was exempted from military service on account of a slight affection of the left testis, probably only varix. With that exception he had ailed little until seven or eight years before he came under observation, when the scrotum was found to be enlarged. The growth was very slow until the last six months, but from that time became just as rapid as it had previously been slow. Before removal the testis presented the shape and size of a large kidney, a contour tuberose or bossed, a consistence very unequal. The scrotum was not adherent, and the cord was scarcely thickened. On section the tumour contained no cysts or softened portions; its upper part was firm and white, its lower tinged with red and lobed. No separation existed of the body from the epididymis. In thin sections from various parts seminal tubes could be discerned, altered in shape, nearly deprived of epithelium and separated by adenoid tissue, of which the tumour appeared entirely to consist. Shortly after the operation the right testis became enlarged, two months later tumours formed beneath the integument of various regions of the body, and in September the patient died. The disease was widely generalised. The cicatrix of the operation was indurated and the structures of the cord were separated by new growth; the right testis was much enlarged and hard; the inguinal, pelvic, and lumbar glands were infiltrated; and secondary growths occurred in the sternum, vertebræ, bones of the skull, and in the subcutaneous tissue. The tumours most superficial were ulcerated, and ulceration was observed of some portions of the small intestine, although no thickening of its coats about these ulcers was apparent.

## NOTES OF A CASE OF HYSTERO-EPILEPSY

BY DR. McCALL ANDERSON,
PROFESSOR OF CLINICAL MEDICINE IN THE UNIVERSITY OF GLASGOW

IN THE LANCET for July 12th of last year I reported a typical case of hystero-epilepsy, illustrating not only the symptoms of the disease, but also the effects produced by the application of various metals, magnets, and solenoids to the surface, as well as the influence of the internal administration of the acetate of lead in modifying the symptoms.

The case which I am about to relate presents most of the symptoms observed in the last, although the epileptiform seizures occupied a much more subordinate place, but it differs from it in that the patient suffered in addition from partial hemiplegia, from irritation of the spine, and from phantom tumour of the abdomen; while the results of various applications to the surface were somewhat different, and calculated in some respects to support the theory of expectant attention as the cause of the phenomena.

This patient, a married woman twenty-eight years of age, was admitted into the Western Infirmary under my care on the 22nd October, 1879. She had been formerly (15th March, 1877) in the wards of one of my colleagues, and from the ward journal the following particulars were gathered. She complained at that time of pain in the iliac and hypogastric regions, especially the left. The abdomen also was very much distended, the enlargement being uniform and extending even up to the sternum; and the abdominal walls were very tense. Up to the age of sixteen she enjoyed good health, but at that time she had inflammation of the left lung, and since then has never been very strong. When recovering, she menstruated once for the first time; she did not menstruate again for a period of two years, and since that time the monthly discharge has been very irregular. At the age of eighteen the abdominal swelling was first observed, and she has been troubled with this on and off ever since. When between twenty-three and twenty-four years of age she received a kick from a horse in the left iliac region, the pain from which was relieved by the application of leeches. Six months thereafter she was married; and about a year after that, and three weeks after having been kicked on the abdomen by her husband, she had a miscarriage, and since then she has never been free from pain. She also complained of a choking sensation in the throat at times, and suffered occasionally from severe headaches; and when she was in the infirmary on the first occasion she had four fits, which were believed to be of a hysterical nature. She had sometimes, too, attacks of sickness and vomiting. She remained for about three months in the hospital, and improved somewhat, but not materially.

On readmission on the 22nd October, 1879, she presented most of the symptoms above mentioned, with the following additions:—Her bowels have long been very costive, and now she is never moved without medicine. She has frequently difficulty in making water, and at times the catheter has to be used. She has also, in great measure, lost the power of the left lower extremity, which she attributes to an inflammation of the calf of the left leg, which set in in the winter of 1877, which was accompanied by much pain and swelling, and which lasted about six weeks. She has had to use a crutch ever since.

She was a healthy-looking, well-nourished woman. There was no fever, but her appetite was indifferent. She had occasional attacks of nausea and vomiting, and her bowels were so costive that she often passed a week without a motion. It was with difficulty that we could get her to speak at all, and then only in a whisper. She wept readily, was bashful, and could not look one in the face; in fact, she had the typical appearance of a hysterical female, as might have been anticipated from the history just given.

The left arm was found to be weaker than the right, and on squeezing the dynamometer with the right hand it registered forty kilogrammes, while with the left she could make no impression upon it at all. The left lower extremity was much more decidedly paralysed, and when she walked she dragged her foot after her. This limb also was stiff, and the foot strongly extended. There was very slight wasting of the muscles from disuse. The electro-muscular sensibility was very defective, but the muscles responded normally to faradisation; in fact, the usual symptoms of hysterical paralysis were present.

The abdominal enlargement, always considerable, was sometimes very great; at times it was uniform, at times the prominence was greater in one locality than in another, notably on the right side below the liver. Along with this there was marked arching of the back in the lower dorsal region, so much so that the closed fist could be readily placed between the spine and the bed. No tumour, however, could be made out, and if her attention was completely diverted, while the abdomen was firmly compressed by the hand, the abdominal enlargement in great measure subsided, and on putting her fully under the influence of chloroform it entirely vanished.

On examination of the spine, two or three of the lower lumbar vertebræ were found to be very tender on pressure, although she made no complaint of pain in this locality previous to the examination. The whole of the left side of the body was completely anæsthetic as regards touch, temperature, and pain; there was also complete loss of general and special sensation on the corresponding side of the tongue; vision on the left side was also very defective, so much so that she was unable to read anything, and with this eye she was tested with six colours—red, green, yellow, blue, mauve, and black,—and was found to be completely colour-blind.

On Monday, Nov. 17th, metalloscopy was resorted to. At 10.15 A.M. a circular disc of lead, about three inches in diameter, was applied to the left forearm. At 10.22 there was a transference of the anæsthesia[1] from the left to the right upper extremity. On the abdomen the transference was less complete, while no change could be detected on the head, neck, or lower extremity. Vision was much improved in the left eye, and all colours were now recognised except yellow, which was called brown.[2] In about three minutes more, at 10.25 A.M., the anæsthesia was completely transferred to the whole of the right side of the body.[3]

On Nov. 21st, the patient's symptoms being the same as on admission, except that the vision of the left eye was much improved, she being able to read print of medium size by holding the book about an inch and a half from it, and being able to name all colours correctly, with the exception of yellow, which she still called brown, as after the first

[1] In all cases the sensation as to touch, temperature, and pain was tested by the fingers, the application of hot and cold sponges, and needles.

[2] During all the observations the patient was blindfolded, except, of course, when the eyes were being tested.

[3] In all cases this is to be held to include the transference of general or special sensation, as regards the tongue as well.

observation, the disc of lead was again applied to the left forearm at 3.53 P.M. At 3.58 sensation began to return in the neighbourhood of the plate, while it disappeared at the corresponding part of the right forearm, and this went on spreading until 4.2½ P.M., when the patient began to weep, and then the transference of the anæsthesia to the right side was found to be complete. The left eye, too, was found to be normal, both as regards vision and the discrimination of colours. With the right eye, however, she could not read the same type as she did before the plate was applied. With it she could distinguish blue, but yellow she called brown, and the other colours she said she did not know.—4.13 P.M.: The same plate was applied to the right forearm. At 4.18 sensation had returned in the neighbourhood of the plate, and the needle punctures made in testing that part began to bleed. At 4.20 she began to weep, and then it was found that the transference of the anæsthesia from the right to the left side, which had been slowly advancing, was complete. The right eye was now normal in every respect, while with the left she could read medium type as before, but could distinguish no colour except blue.

Nov. 22nd.—3.15 P.M.: Patient in same state as on admission, except that she could distinguish colours with the left eye, with the exception of black and yellow, which she called brown. At 3.21 P.M. a circular disc of wood, about three inches in diameter, was applied to the left forearm. At 3.24 there was a transference of the anæsthesia to the right side, the sensation on the left side first appearing in the neighbourhood of the disc, from which it quickly spread, and the patient weeping, as on former occasions, when the transference took place. The left eye was now found to be perfect in every way, while with the right, although she could see print, she could not read it, and she could distinguish all colours, except yellow, which she called brown. At 3.34½ P.M. a disc of wood was applied to the right forearm, and at 3.37 the transference of the anæsthesia to the left side occurred exactly in the same way as in the last observation. These results were so extraordinary that they were repeated, and with exactly the same result.

24th.—Right side in every way normal. Left side complete anæsthesia as on admission, but with left eye can read print of medium size at a distance of an inch and a half, and can distinguish all colours except yellow, which she calls brown. 9.30 A.M.: Five sovereigns were applied to the left forearm and kept there for thirty-seven minutes. It was then found (what had been indistinctly observed a quarter of an hour earlier) that there was partial return of sensation as regards touch and pain, but not as regards temperature, to that side, and a corresponding loss of sensation (including, however, defective sense of temperature) on the right side. There was no change, however, in the condition of the eye.

26th.—Patient in the same state as at the end of last note. 9.9 A.M.: Lead plate applied to right forearm. At 9.13½ sensation became much more distinct in the neighbourhood of the plate; and at 9.15 the patient began to weep, and sensation was completely restored to the whole of the right side. With the right eye all the colours were distinguished except yellow, which was called brown. The left side of the body, including the tongue, was now completely anæsthetic, but by the left eye all colours were distinguished accurately.—9.19 A.M.: Lead plate applied to the right side of the face, and in two minutes all colours were distinguished accurately with the right eye, but with the left she called yellow brown, and was not sure about green.

Dec. 14th.—Since last note patient has been left entirely to herself. When tested to-day she was found to have dulled sensation on the right side, a needle stuck into the arm or leg only being felt as something touching her. On the left side she could only feel very heavy pressure. The tongue was in the same state as the body—that is, sensation was dulled on both sides. Her perception of colours was nearly perfect, although yellow she still called brown with the left eye. 4.37 P.M.: A tin-plate applied to the left forearm. At 5.7 P.M. there was a decided though not complete transference of anæsthesia to the right side, while the sensation was nearly though not quite restored on the left. With the right eye she now called yellow brown.

Jan. 4th, 1880.—Sensation dulled on both sides of the body, less so, however, on the right than on the left side; tongue in a similar condition. Can distinguish all colours equally well with both eyes.—11.15 A.M.: Lead plate applied to left arm. At 11.20 there was some improvement in the sensation on that side, and at 11.40 it was nearly complete, while on the other side it was proportionately dulled. Tongue and eyes as before.

Feb. 13th.—It was intended to test the patient with solenoids and electro-magnets, in conjunction with Prof. McKendrick, but she was allowed an airing in the grounds, and took advantage of it to get away. A patient in the wards saw her making for a tram-car in the neighbourhood, and said that "She walked as well and as quickly as any woman could."

In the present state of uncertainty as to the nature and explanation of the phenomena observed in cases such as that just reported, it will probably be better to abstain from offering any speculations upon the subject, although it is to be hoped that by and by, when our experience of them becomes more extensive, a trustworthy opinion may be formed.

But it may be pointed out, in conclusion, that the foregoing differs from the case which I formerly put on record in these respects:—

1. That the convulsive seizures occupied a very subordinate place in the symptomatology of the disease.
2. That no tenderness in the ovarian region could be made out, although this may be due to the ovary having been protected from pressure by the prominent abdomen.
3. That the application of a disc of wood had a similar effect to that of a metallic disc, as regards the transference of the anæsthesia, &c., from one side of the body to the other.
4. That in no case did we succeed in making the whole body at once either æsthetic or anæsthetic.
5. That, in addition to the usual symptoms of hystero-epilepsy, there was well-marked spinal irritation, and morbid states long regarded as manifestations of the hysterical diathesis—namely, hysterical hemiplegia and phantom tumour of the abdomen.

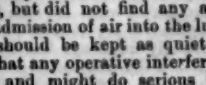
Glasgow.

## PASSAGE OF NEEDLE OF HYPODERMIC SYRINGE INTO BRONCHUS; EXPECTORATED DURING A PAROXYSM OF COUGHING THIRTEEN DAYS AFTERWARDS.

BY SYDNEY JONES, F.R.C.S.,
SURGEON TO ST. THOMAS'S HOSPITAL.

THE following case has recently come under my notice, and seems interesting enough to be put on record.

On June 21st a medical man, after using a hypodermic syringe, put the needle (size exactly indicated in figure below) between his lips. During an inspiration this was drawn into the larynx and passed down into the left bronchus. It caused occasional paroxysms of coughing,




which the patient described as not of a severe character; and the needle could be felt by him somewhat above and to the left of the left nipple. The patient went about his work as usual, and occasionally inverted himself in the hope that the foreign body might be expelled; but, finding that this did not occur, he consulted me on the 25th of June, four days afterwards. By means of the tripod I suspended him by the heels and subjected him to succussions in different directions, but did not succeed in evacuating the needle. I saw him the next day with Dr. Bristowe, who carefully examined his chest, but did not find any appreciable interference with the admission of air into the lung. We advised that the patient should be kept as quiet as possible, and were of opinion that any operative interference would be of doubtful benefit, and might do serious mischief. After about a week the patient began to feel less discomfort about his chest, "only occasionally being conscious of something preventing comfortable expansion." He had occasional fits of coughing, and on four or five occasions got rid of small pellets of bloody mucus. For a week his nights were somewhat restless; after that he slept better, but generally coughed and expectorated a little mucus on waking in the morning.

On Sunday, July 4th (the thirteenth day), the patient, whilst dressing himself about 10 A.M., had a fit of coughing more severe than usual, and presently got rid of the portion of needle marked *a*. The process of oxidation had gone on rapidly, and the needle had separated into two portions at the spot marked *c* in the figure. A few hours later the other bit was coughed up. In both pieces the needle was much thinned. The white metal forming the tip of the needle was not at all acted on. Since getting rid of the needle there has been no cough or expectoration.

George-street, Hanover-square.

---

REPORT OF A CASE OF

# AORTIC ANEURISM TREATED BY GALVANO-PUNCTURE,

AT THE WESTMINSTER HOSPITAL, UNDER THE CARE OF DR. STURGES AND DR. HUGHES BENNETT.

*With a Commentary*

BY A. HUGHES BENNETT, M.D.,

ASSISTANT PHYSICIAN TO THE HOSPITAL.

*Antecedent History.*—James G——, aged forty-three, a labourer, had been a soldier for twenty-one years, and left the army in 1876. During this time he had been a perfectly healthy man, and had never suffered from any illness. Two years ago he began to experience pains in the chest, cough, and dyspnœa, which did not, however, prevent him following his usual occupation as an out-door labourer. In September, 1878, he observed two swellings on the upper part of the chest, each about the size of half a walnut; and the above symptoms so increased in severity that he was admitted into the Westminster Hospital on the following month. The existence of an aortic aneurism was then recognised, and he was kept under observation for five months, after which time his symptoms were greatly relieved. For the next sixteen weeks he remained at home, feeling so well that he subsequently resumed his work (road-making), which he continued to perform without difficulty till November, 1879, when he "caught a cold," and the former symptoms of cough, dyspnœa, and pain in the chest returned, suffering from which he was readmitted into the hospital.

*Condition on admission.*—The patient when admitted was a healthy-looking, powerfully built man, whose organs and functions were normal, except those of the chest. *On inspection:* A tumour of somewhat oval shape, five and a half inches in length and three inches in breadth, was seen lying obliquely at the upper part of the chest, its upper margin close to the inner third of the right clavicle and its articulation, and its lower border situated a little to the left of the sternum, about four inches above the ensiform cartilage. The surface of the tumour was irregular in form, and consisted of three rounded elevations, the upper or largest, the middle or smallest, and the lower, which was nearly as large as the first; and they measured vertically at right angles to the base of the growth respectively one, one-half, and three-quarters of an inch. The skin over the tumour was of normal colour, but, especially over the lower segment, was tense and glossy in appearance. No pulsation was anywhere visible. The veins over the manubrium sterni were considerably dilated. The whole of the right side of the chest, both back and front, was much larger than the left, the ribs being more expanded and the spine being slightly curved towards the left. The pupils were equal and normal. *On palpation:* The apex-beat of the heart could not be detected. The tumour was felt everywhere soft and pulsating, each impulse being synchronous with the heart's beat. There was also a distinct sensation of expansion in every part of the swelling. These signs were most marked in the lowest elevation, where the skin was tense and thin, so as to give the sensation as if the blood was flowing directly under the finger. No purring or thrill could be detected. Pulsation could also be felt for some distance to the right of the tumour, and gradually fading off towards the axilla. On the left side there was no impulse. No pulsation could be detected in either carotid artery, but it was present in the temporals. The pulse at the left wrist was of good strength, at the right very feeble. The expansion of the chest on the left side on inspiration was well marked, while on the right it was in comparison imperfect. *On percussion:* The heart's dulness could not be measured, that organ evidently being covered by the left lung. Over the external tumour there was absolute dulness, and this extended to the right as far as the nipple-line, and also a little to the left of the swelling. The area of complete dulness extended vertically from the clavicle to the liver, and horizontally from the left border of the sternum to a line drawn obliquely through the nipple parallel to the direction of the tumour, measuring in breadth six inches and a half at its middle. Percussion over the right lung elicited great loss of resonance, but no actual dulness. The left lung was everywhere hyper-resonant. *On auscultation:* Over the heart, both sounds were distinctly heard to be perfectly normal at apex and base. These healthy sounds were propagated all over the right side of the chest, before and behind, but chiefly over the dull area. They were also distinctly audible on the left of the sternum, but faded off so as to be almost inaudible at the side and back. At a spot two inches below the middle of the right clavicle, a distinct but soft blowing murmur was heard synchronous with the first sound of the heart, and propagated for an inch or so on every side. Puerile breathing with slight sibili were heard all over the left lung, which was otherwise normal. There was imperfect and feeble vesicular murmurs all over the right lung. The patient when in bed suffered in no way except from slight cough; he had no dyspnœa, difficulty of swallowing, or other symptoms of pressure.

It was decided to treat the case by galvano-puncture.

*First operation*, Feb. 17th, 1880.—Two insulated needles, each attached to different poles of the battery, were introduced into the sac at the lowest elevation, about an inch and a half apart, and two inches in depth. By the aid of a rheostat the full force of twenty cells of a Leclanché's battery was very gradually introduced into the circuit, so that the galvanometer indicated 25 millivebers. This current continued to pass through the blood in the aneurism for three-quarters of an hour. During this time the patient suffered from no inconvenience whatever. He declared he felt nothing but the introduction of the needles, the pain of which was trifling, and that while the current was passing he felt nothing. The withdrawal of the needle attached to the negative pole was followed by a rush of gas, and a few drops of dark-coloured blood. The positive needle was adherent to the tissues, was followed by no blood, and its uninsulated point was partially eroded away. A piece of dry lint was placed over the tumour and retained there with strapping. For some hours after the operation the patient suffered from pains flying about his back and shoulders, but after a hypodermic injection of morphia these disappeared. Next day the patient was well in every respect, there had been no bleeding, but there was slight puffiness of the skin in the neighbourhood of the punctures. Two days later the whole of the lower elevation was swollen, the skin was tender and covered with a red blush. No marked change was detected on the pulsation. Seven days after the operation the patient continued without any unfavourable symptoms.

*Second operation*, Feb. 25th.—Two needles, as before, were inserted into the sac of the upper segment of the tumour about an inch and a half apart, and two inches and a quarter in depth. The points of both needles came in contact with bone. A current from twenty cells, indicating on the disc of a galvanometer a force of 30 m. v., was passed through the aneurism for an hour. The patient suffered no pain or uneasiness during the operation. On withdrawing the needles there was no hæmorrhage. The positive needle was partially dissolved, and the negative was bright and unacted upon. Two days later the patient stated that he had suffered from no uneasiness except from flying pains about the back and shoulders. The upper segment of the tumour was swollen and puffy, and over it the skin was faintly red, but there was no tenderness on pressure. Four days afterwards the condition was the same, but this portion of the tumour felt firmer and less pulsatile than formerly.

*Third operation*, March 7th.—The needle attached to the positive pole was inserted at the under border of the lowest elevation, and that to the negative at the centre of the middle segment of the tumour. The details of the operation were as before, and the same strength of current was used for an hour, the needles being inserted two inches and

a half in depth. The patient, as before, suffered no pain. Two days afterwards the upper elevation was distinctly firmer and harder than at first. The impulse was as formerly, but the lateral expansion was markedly diminished; it felt hard, and no longer fluctuated; the lower elevation was still soft, but less so than before.

*Fourth operation*, March 11th.—The same steps were repeated, the negative needle being inserted into the most prominent part of the upper elevation of the tumour, and the positive into the centre of the middle segment. As before, a current from twenty cells was employed for an hour. On withdrawal, the positive needle was almost entirely dissolved. Eight days afterwards there had been no unfavourable symptoms. The upper segment of the tumour was now quite hard, and was smaller than formerly, and it had no trace of lateral expansion or pulsation, but there was an impulse all over its surface synchronous with the heart's beat. The lower segment was prominent, tense, and although firmer than formerly, still pulsated, and fluctuation and lateral expansion could be detected.

*Fifth operation*, March 19th.—Both needles were inserted into the lowest segment of the tumour, and a current from twenty cells, as before, passed through it for an hour. Six days later (the patient in the meantime having been quite well), a small abscess was found to exist in the site of the last puncture of the positive needle, and at the most prominent portion of the lower elevation of the tumour. It was then about the size of a sixpence, fluctuated, and was evidently superficial. Three days afterwards this abscess had increased, and was now about the size of a walnut. It was red, and the skin in the neighbourhood was inflamed. The patient was feverish and depressed. Five days later all the symptoms had increased. The abscess was then about the size of a hen's egg. It presented a dark, purple, fungating-looking appearance, and from the mass was exuding a little blood and yellow matter. It was no longer soft and fluctuating, but felt of a doughy consistency. The whole of the lower portion of the tumour was greatly swollen, red, and inflamed. This condition rapidly increased, and two days afterwards suddenly the sac gave way; there was a gush of blood, and the patient died almost instantaneously.

*Post-mortem examination* next day showed the whole body to be extremely anæmic. The external tumour was smaller than during life. The upper and middle segments were prominent and firm, the lowest had entirely collapsed—at its inferior border there was a round, ragged rupture, about the size of a shilling. The trachea and bronchi were normal, except at the bifurcation of the former, where the mucous membrane was congested. The left lung was emphysematous throughout, otherwise healthy, and its anterior border completely covered the heart. In the cavity of the right pleura was about half a pint of clear fluid. The pleura itself was thickened, and adherent throughout to the walls of the chest and to the aneurism. The substance of the right lung was congested, œdematous, and partially collapsed. The pericardium contained about half a pint of clear serum. The heart was not weighed, owing to its being attached to the specimen, but was apparently of normal size, without hypertrophy or dilatation, and its substance was pale, but otherwise normal. The mitral and aortic valves were healthy, and there was no evidence of incompetency. Immediately above the aortic valves the aorta began gradually to dilate, and expanded so as to form a fusiform dilatation. This extended from the aortic valves to the lower portion of the descending arch. The widest portion was about the middle, where it measured in circumference eight inches. Its lining membrane was thickened, atheromatous, and here and there were embedded minute patches of calcareous matter. There was no obstruction to any of the large vessels, which arose from the summit of the dilated portion. Three inches above the aortic valves, in the centre of the anterior wall of the aorta, was a circular opening, the size of half-a-crown (diameter 1⅛ in.), the upper border of which reached to within an inch of the innominate artery. This orifice led into a large saccular aneurism, which occupied the whole space between the aorta and the sternum, especially on the right side. Roughly speaking, this was about the size and shape of a flattened, moderately-sized cocoa-nut. On making an incision into this, its walls were found thick and firm. Its interior was filled with recent clots. On removing these it was found that the posterior aspect of the sac into which the orifice opened was white, smooth, and free from any clot formation; while the whole anterior portion—namely, that nearest the sternum, was completely covered with a dense, organised, fibrinous clot, about an inch in thickness. Embedded in this clot were three orifices. The upper one passed between the cartilages of the first and second ribs, at the right border of the sternum, to the posterior aspect of the upper segment of the external tumour, and admitted the forefinger. The middle orifice passed between the second and third ribs to the middle segment of the tumour. The lowest orifice, through the third and fourth ribs, communicated with the lowest elevation of the external tumour. In all these passages the finger could detect that the ribs, cartilages, and sternum in the neighbourhood were rough, bare, and denuded of periosteum, parts of the bone had been destroyed, and in the lower two the ribs were actually separated from the sternum. A vertical section made through the entire external tumour showed that the three elevations of the external tumour did not communicate with one another, but were each separated by a distinct wall of its own. The upper segment was entirely filled with a firm, dense, laminated, and organised clot of a pale red colour, occupying the whole space in the sac between the sternum and external wall. The laminæ were arranged parallel to the walls of the sac, the centre from which they radiated being at the base of the clot. The middle elevation was also filled with firm organised clot, but not so dense or so distinctly laminated as in the upper segment. At the under border of the lowest elevation the opening where the rupture took place was seen. The interior was filled with recent clots and broken up old ones, and through this the finger could be passed without obstruction into the internal sac of the aneurism. At the seat of the rupture, under the skin and between this and the aneurism, was a sac about the size of a walnut. This was the cavity of the abscess, and it was through this that the blood escaped when the aneurism ruptured. At the outer edge of the upper segment there was a second cavity, about the size of an olive, containing about a drachm of pus. All the other organs of the body were healthy.

*Commentary.*—The treatment of aortic aneurism by galvano-puncture is comparatively so rarely adopted that each case claims special consideration. Is such a measure justifiable? In aortic aneurism, the only hope of recovery, or prolongation of life, is by the coagulation of blood in the sac, so that the tumour becomes converted into a solid mass of organised clot. Although this sometimes takes place spontaneously, in the vast majority of cases, owing to the situation of the aneurism, this does not ensue. On the contrary, the morbid process extends, and ultimately ends in rupture of the sac. We know that a galvanic current passed through blood rapidly coagulates it; and could such a procedure be accomplished within the aneurism, without danger to the patient, it is obvious that the natural process of cure would thus be assisted. This case, along with others, shows that, if properly performed with suitable instruments, the operation itself is not of necessity attended with any danger or even discomfort. That this patient died indirectly as a result of the fifth operation I look upon as an accident. The first four operations were attended by absolutely no unfavourable circumstances either local or general,—indicating that by itself the procedure is harmless. Unfortunately, immediately after the last puncture, erysipelas broke out in the ward, attacking several patients, one of whom died. To this, it is possible, may be attributed the local irritation and inflammation in the present case. On the appearance of the abscess it was suggested that the pus should be evacuated, but the surgeons thought it best not to interfere.

The construction of the needles is of great importance, and upon this the success of the operation greatly depends. Those hitherto employed seem to me to be clumsy, difficult of introduction, and imperfect in insulating power. Messrs. Coxeter and Son, of London, constructed those used in this case, which answered with satisfaction in every respect. They consist of a delicate steel needle with a flat spear-pointed head, and are insulated to within half an inch of their points by a delicate film of glass. These can be introduced into the sac with the greatest ease; the glass does not break or dissolve, and it insulates perfectly.

In this case, needles attached to both the positive and negative poles were inserted into the sac. Apart from the fact that a clot is formed into each, it is obvious that when both poles are directly in contact with the blood a much stronger current passes; in other words, there is less resistance than when the skin and tissues intervene, as occurs when one of the electrodes is placed externally. Hence a

given strength of current produces a much more powerful coagulating effect, without increased discomfort or danger to the patient.

In most of the cases hitherto recorded a small number of cells were used, and yet considerable uneasiness and pain were experienced. This was obviated in the present instance by the use of a rheostat introduced into the circuit, which enabled us to apply the full force of twenty cells without the patient feeling even any uncomfortable sensations. When the current from a large number of cells is suddenly applied to the body, not only is there a severe shock, but the burning pain afterwards is unbearable. It is, however, well known that galvanism is a nerve-anæsthetic; hence a feeble current dulls the sensation for a subsequently stronger one, and this in turn for one more powerful, and so on. Thus, by slowly and insidiously increasing the strength without producing any shock, which the rheostat can accomplish, a current so powerful can be passed through the tissues without pain, which if suddenly applied would be intolerable.

That a powerful current in this case actually passed through the blood was demonstrated, not only by the positive needle being dissolved, but by a galvanometer, which was always employed. By this it was ascertained that in the circuit, of which the aneurism formed a part, there passed a current measuring from twenty to thirty milliwebers.

A somewhat pertinent question was asked at the post-mortem examination, Are the organised clots the result of the galvanism, or did they not exist before the operations were performed? From the appearance of the formations themselves, it is difficult to settle this question. The fact of their being dense, organised, and laminated, suggests their being of ancient date, and whether it is impossible for such to be produced in six weeks after electrolysis, is a point I cannot answer. The lamination is in no way opposed to the clot being produced by electricity, as Dr. McCall Anderson and others describe and figure precisely similar conditions resulting from galvano-puncture. On the other hand, when the patient was admitted, the tumour was carefully examined by many competent physicians and surgeons, who all agreed that it was soft, fluctuating, pulsating, and with lateral expansion; and before death the same regions were found by the same observers to be dense, hard, resistant, and non-fluctuating. From these facts it may be assumed that the subsequent consolidation was due to the action of the electricity on the blood.

In conclusion it may be stated that, with our improved knowledge of electricity, and the more perfect instruments for its application we now possess, a great field is opened out for the treatment of aneurisms in general, and those of the aorta in particular. Hitherto the results of this procedure in the latter have not been successful as regards saving life, but this may be explained on the ground that it has only been employed in hopeless cases, and in those, after which every other treatment having failed, it has been adopted as a last resource. In the present case, had the operation been performed when the patient first came under observation a year ago, judging from the post-mortem appearances, the prospect of a cure or prolonged alleviation, appears not only possible but probable. As it was, this treatment was carried out because it was judged the patient if left to nature could not live many weeks. Considering that galvano-puncture if properly conducted appears to be practically harmless, there need be no hesitation in resorting to its application in any case of aortic aneurism, which can be easily diagnosed to be saccular in character, and which can be reached without difficulty.

---

REPORT ON

# ONE HUNDRED CASES OF EAR DISEASE.

BY E. CRESSWELL BABER, M.B. LOND.,
SURGEON TO THE BRIGHTON AND SUSSEX THROAT AND EAR DISPENSARY.

FROM July, 1878, to December, 1879, one hundred different cases of ear disease came under my care at the above institution, of which notes, more or less complete, have been kept. They include the following forms of ear affection: One case of abscess of the auricle; four cases of diffuse external otitis (unilateral); eighteen of impacted cerumen or epidermis (nine unilateral and nine bilateral); one case of exostoses of the external auditory meatus (unilateral); two cases of Eustachian obstruction; four of acute catarrh of the middle ear (two unilateral and two bilateral); and one case of otitis media serosa (unilateral). There were also twenty-seven cases of otitis media purulenta chronica (thirteen unilateral and fourteen bilateral), nine of these being complicated with polypus (the growths being unilateral in eight cases and bilateral in one instance). One case of chronic purulent inflammation of the middle ear was complicated with mastoid periostitis. Results of suppurative processes in the tympanum were found in fourteen cases (five unilateral and nine bilateral); and there was one case of necrosis of the temporal bone, and one of deaf-mutism. Of the remaining forty-seven cases, the great majority were classed under the head of "otitis media catarrhalis chronica," or would be better termed "otitis media non-suppurativa chronica," seeing that they included also the sclerotic or dry forms of middle-ear disease. In a considerable proportion of these cases (as well as of those above classified as "results of suppurative processes") there was evidence of nerve-impairment to a greater or less extent. Whether this was secondary to the tympanic mischief or constituted the chief affection could not always be accurately ascertained, partly from want of time, and partly from irregularity of the patients' attendance—circumstances which unfortunately often render records of out-patient practice incomplete. Apart from this, however, as Lucae has not long since pointed out,[1] the distinction between nerve-deafness and chronic non-suppurative inflammation of the middle ear (in the less well-marked forms) constitutes one of the weakest points in aural diagnosis. In at least three cases nerve-impairment was well marked, one of them being a case of congenital syphilis, which is still under treatment (March, 1880). More than one of the above diseases of course often occurred in the same patient.

*Impaction of cerumen or epidermis.*—In four of these cases (two unilateral and two bilateral) the impaction of wax came on after bathing or diving. The symptoms being deafness with tinnitus, continuous or pulsating, and of "hissing," "rushing," or "singing" character. This, as far as my experience extends (both in dispensary and private practice) is the most common form of ear-affection, attributed by the patients to bathing. Removal of the wax almost invariably relieves all the symptoms. Under the same heading is included the following case of impaction of epidermis, associated with chronic purulent inflammation of the tympanum and nerve-impairment, which forms a well-marked instance of the disease described by Wreden of St. Petersburg as keratosis obturans.

*Case of keratosis obturans.*—M. J——, aged forty-five, chemist's assistant, applied on August 15th, 1879, with the following history:—Has had dulness in the *left* ear since he was a boy, which has been worse the last three months. No noise, pain, or discharge. Never had any fever. On admission, with the *right* ear watch[2] was heard at ¼ in. distance; *left* not at all. Tuning-fork on teeth heard loudest on left side, but not heard on forehead or on bridge of nose. A large quantity of epidermis in long-shaped pieces removed from the *left* meatus by syringing, but as some still remained drops of bicarbonate of soda dissolved in glycerine and water were ordered to be instilled into the meatus.

Aug. 18th.—A quantity more of white folded and corrugated epidermis was removed from the left meatus, a large portion of it having to be carefully extracted with forceps, as it was very adherent to the walls of the canal. Afterwards the meatus appeared dilated and of pearly and shining aspect. Hearing for watch not improved on the left ear.

29th.—There had been some discharge from the left ear. Watch heard with right ear at ½ in.; left slightly on pressure on auricle and mastoid. More large epidermic scales removed from left meatus by forceps and scoop, after removal of some purulent discharge by syringing. Left membrana tympani then presented a white surface with scales on it and granulations in the posterior superior segment. On Politzerising perforation sound in left ear. Afterwards hearing about the same.

---

[1] Archiv f. Ohrenheilkunde, xiv. 2, p. 125.

[2] The watch mentioned throughout this paper is heard audible normally at about ten feet.

The patient was seen a few times after this, and the granulations touched once or twice with a solution of nitrate of silver (a drachm to the ounce). They presented the peculiarity of bleeding, not only when touched with the tuft of cotton-wool in applying the caustic, but even on mere syringing. When last seen, the watch was not heard at all at the left ear.

*Remarks.*—Whether in this case the perforation was the result of the pressure of the accumulated epidermis, or whether the tendency to the excessive formation of epidermis was superadded to a case of chronic suppuration in the tympanum, must, I think, remain doubtful. Although, owing to the nerve-impairment, the removal of the epidermic accumulation did not effect any improvement in the hearing power, it was undoubtedly of benefit in preventing any accumulation of pus behind the epidermic masses. (The specimen removed from this case was exhibited, and an account of the case given before the Sussex and Brighton Medico-Chirurgical Society in November last.)

The case of *exostosis of the auditory meatus* occurred in the ear of a man aged thirty-one, suffering from chronic non-suppurative inflammation of the tympanum, probably of gouty origin. They were two in number, and situate on the anterior and posterior walls of the meatus respectively, but as they did not encroach greatly on the lumen of the canal, they demanded no special treatment. The four cases of *acute catarrh of the tympanum*, which all occurred in adults, did well without paracentesis. The operation did not appear indicated, probably because the cases were not seen early enough. In only one case was a minute perforation observed whilst the patient was under treatment, and in this instance it healed readily.

The following case is interesting on account of the obstinate recurrence of the effusion into the tympanic cavity, associated with repeated occlusion of the Eustachian tube:—

*Otitis media serosa; paracentesis; reaccumulation of fluid; treatment without paracentesis.*—Mary S——, aged forty-eight, single, applied on March 31st, 1879, with the following history. Left ear has been deaf for years from discharge. Right ear has been deaf for one year, she believes owing to cold from sleeping near a damp wall. She thinks it gathers sometimes, and discharges down her throat. Throat feels swollen and aches at times. Last summer she had violent pain in the right ear, and went to the Throat Hospital in Golden-square, where she says the ear was punctured. *Present state:* Watch heard only on contact with right temple. Right membrana tympani yellowish. After Politzer-inflation watch was heard right ear at half an inch, also on contact with right mastoid and temple. The posterior segment of the right membrana tympani is then seen bulging outwards, with yellow fluid shining through.

April 2nd.—Right ear: watch heard almost on contact, and slightly on contact with mastoid. Membrana tympani has a yellow tint, and appears somewhat streaky. Politzerising produces no improvement in the hearing for watch, although it causes the membrane to bulge with yellow fluid, showing through, as yesterday. On the anterior segment of the membrane is a thin layer of wax or hardened secretion. A puncture about two millimetres long is then made vertically downwards in the posterior segment, which allows some serous fluid to escape. On repeated Politzerising, producing, of course, a perforation sound, a considerable quantity of clear yellow fluid runs out into the concha. Parts cleansed with dry wool. Immediately afterwards watch is heard with right ear at one inch and a half.

3rd.—With right ear watch heard at one inch and three-quarters, and plainly on right mastoid. Point of puncture indicated by a small blood spot. The posterior segment of the membrana tympani has lost its yellow colour. On Politzerising air enters the right tympanum freely, but I cannot be sure of perforation sound, and no change in the puncture is produced, neither does any discharge escape.

4th.—There has been no discharge from the ear. The hearing has improved to 3 in. for watch. No perforation sound on Politzerising; but inflation diminishes the hearing to 1½ in.

7th.—After removal of a thin layer of yellow discharge from the surface of the membrana tympani, there appears to be yellow discharge shining through its anterior inferior segment, but not through the posterior. Politzerising improves the hearing from ½ in. to 1½ in.

The patient was then seen about thrice weekly until August 1st. She was treated locally by Politzer-inflation, vapours of compound tincture of benzoin, firwool-oil, creasote, &c.; internally, tonics and chloride of ammonium. On three occasions (June 6th, July 2nd, August 1st) the catheter had to be employed, as air would not pass on Politzerising. The tube did not always yield on catheterising, but subsequent Politzerising was always successful, usually with considerable improvement to the hearing (from which it may perhaps be concluded that the obstruction in the tube was at or near the faucial orifice). The hearing for the watch, though it varied very much, improved decidedly on the whole. After each inflation the hearing was usually found improved, but on one or two occasions it was temporarily diminished, perhaps owing to a rushing noise in the ear produced by the inflation. Not only did the lining membrane of the tympanum participate in the inflammatory condition, but also the outer surface of the membrana tympani; for on July 14th the membrane appeared opaque and uneven, with the hammer very indistinct, only the small process being visible. A short time after, a regular membrane of dry yellow discharge was removed with the scoop and forceps from the surface of the membrana tympani. When the patient was discharged, on August 1st, the hearing distance was—Right ear, watch 5 in.; after inflation 7½ in.

On Aug. 18th she was readmitted, yellow fluid again showing through the membrana tympani, the hearing having gone back to 1 inch. This time she was only treated by inflation and vapours, and was discharged on Sept. 15th with hearing distance:—Right ear, watch, 4½ in.; improved by Politzerising to 8 in.

Quite recently—Feb. 27th, 1880—this patient has returned with the hearing for the watch reduced to "contact," and the fluid reaccumulated. I proposed to puncture the membrane again, and if necessary pass a stream of fluid through the ear; but the hearing has improved so much on simple inflation, with the head held so that the Eustachian tube is *in the most dependent position* in order to allow the fluid to run out (as recommended by Politzer),[3] that I have not done so yet.[4]

The following case is one of interest:—

*Tinnitus, audible objectively.*—E. D——, aged twenty-three, unmarried, laundress, applied on Oct. 14th, 1878, giving the following history: For three years on and off she has had a clicking noise in the *left* ear, and has noticed deafness in that ear during the same period. No pain or discharge. Has always enjoyed good health. The noise, which is audible to other persons, is louder than it used to be, and her neighbour, who accompanies her, thinks it comes on especially when she is excited. She sometimes has a buzzing noise in the *right* ear. (It appeared subsequently that about a year previously there had been discharge from the ears, chiefly the right one.) On examination the watch was heard with left ear at 3½ in. Left membrana tympani presents a large circular perforation, rather below its centre, into which the handle of the malleus projects. Perforation quite dry, and the exposed mucous membrane of tympanum appears of yellowish colour. Both in front and behind the malleus the membrana tympani presents a hard white surface, probably chalky deposits. Perforation-sound on Valsalvan inflation. There is no noise at present.

Oct. 18th.—Since last seen she has had the noise twice, lasting twenty minutes. With right ear watch heard at 15 inches. Right membrana tympani presents a considerable sized perforation at the lower part, and also two chalky deposits on the membrane. No discharge.

21st.—No noise till yesterday, when it lasted ten minutes. Left membrana tympani appears the same. On making her move the upper jaw up and down, a fine clicking sound is heard which takes place irregularly, but soon ceases after the movement of the jaw is stopped. On careful inspection of left membrana tympani, during the noise no movement of the malleus can be detected, nor any bubbling through the perforation. The clicking sound is brought on again by Politzerising, but soon ceases. She says it is often much louder than this. The noise heard to day resembles very much that produced by snapping the nails together. Throat, nothing abnormal.

Nov. 1st.—On swallowing, a similar click is heard through otoscope placed in left ear, only somewhat fainter than when it occurs independently of swallowing. When the otoscope

[3] See his Handbuch, vol. i., p. 325.

[4] Subsequent experience confirms the great tendency to relapse in this case, and inflation only appears to improve the hearing for a time (August).

is placed in the right ear, a very faint click is heard on deglutition, apparently similar in character to that heard on the left side. The noise is heard to-day a few times independently of deglutition, but is not loud. After the clicking ceases she has a buzzing noise in the ear.

I was naturally anxious to hear the noise in this case during one of the attacks, when it was occurring loudly, especially with a view to examining the throat during its occurrence, but in spite of repeated injunctions to the patient (who lived at some distance) to present herself if possible when the noise was taking place loudly, I could not get an opportunity of hearing it.

I saw this patient again in February, 1879. There was no change in the membrana tympani, and the clicking noise still continued at intervals. My attempts to see the patient during an attack were again unsuccessful. On one occasion she reported that after retching during a bilious attack, the noise came on very loud, and lasted for half an hour. It should be mentioned that although the buzzing noise occurred in both ears, the objective clicking sound was, according to the patient, confined to the *left ear*.

*Remarks.*—Although the observation of this case is unavoidably incomplete, I think (from the similarity of the noise to that produced during swallowing, and from the absence of movement in the malleus) there can be little doubt that the clicking noise was produced by a separation of the moist walls of the faucial orifice of the tube as occurs during deglutition. This view agrees with that of Burnett, who describes these cases at length in his work on the ear. Quite recently also he has reported[6] the case of a gentleman who was able to produce a noise of this description at will. On the other hand, however, Dr. Bremer of Copenhagen has lately[6] described the case of a boy who could voluntarily produce an objective noise apparently of similar character, which continued *unchanged in intensity and character* whilst a bougie was passed through the catheter to the isthmus of the Eustachian tube. Although no movements in the membrana tympani could be observed Dr. Bremer attributes the noise in this case to the action of the intrinsic muscles of the ear, especially the tensor tympani.

Arguing from the fact that complete cessation of the noise occurred after spontaneous perforation of the membrana tympani in a case under his care, Burnett[7] recommends artificial perforation in these cases if relief from the symptoms should be urgently required. My case appears to throw doubt on the success of this plan of treatment, for in this patient the membrane, as mentioned, was already perforated. This affection appears to be more common in men than in women, for, according to Burnett (who writes in 1877)[8] "of all those in whom such an objective aural noise, either voluntary or involuntary, has been observed only three were females." The points of interest in this case are, therefore, that the noise was involuntary, that it occurred in the female sex and in connexion with an ear of which the membrana tympani was perforated.

The term "*chronic catarrhal or non-purulent inflammation of the middle ear*" includes, I cannot but think, a number of cases which are really of very different character. For the history, and also the prognosis, in some of these cases are so different that but for the name they appear to have little in common. The subject, however, is too large a one to be discussed in this paper. There are several other points of interest in different cases in this series; indeed it may be said that a large proportion of ear-cases, if only carefully studied and treated, present features of interest. An account of these, however, must be postponed until the special subjects to which they refer are dealt with.

Brighton.

[6] Archives of Otology, Dec., 1879.
[6] Monatsschrift für Ohrenheilkunde, Oct., 1879; and London Medical Record, Feb., 1880.
[7] A Treatise on the Ear, p. 447.
[8] Op. cit., p. 443.

APOTHECARIES' HALL OF IRELAND.—On the 2nd inst. the following were elected office-bearers for the ensuing year:—Governor, Edward H. Bolland; Deputy Governor, Thomas Collins. Court of Directors and Examiners: John Evans, Arthur Harvey, Charles Holmes, Charles H. Leet, Charles J. Moore, Robert Montgomery, Henry P. Nolan, Jerome O'Flaherty, Edward J. O'Neill, George B. Owens, John Ryan, James Shaw, George Wyse. Examiners in Arts: H. Colpoys Tweedy, Arthur Wilson. Representative on the General Medical Council: Charles H. Leet.

## ON THE ANTI-MALARIAL ACTION OF THE CHINCHONA COMPOUNDS.

BY T. J. MACLAGAN, M.D.

*(Continued from p. 167.)*

BUT though there are many analogies between continued and malarial fevers, there are also great and important differences. These, equally with the analogies, demand attention. They are as follows:—

1. There is ample evidence that the poisons of the continued fevers are reproduced in and given off from the system in large quantity during the course of the maladies to which they give rise. There is not such evidence in the case of malarial fevers.

2. The continued fevers are communicable from the sick to the healthy. Malarial fevers are not.

3. The continued fevers have a continuous regular course, and a definite period of duration. The course of malarial fever is intermitting and irregular, and its period of duration indefinite.

4. One attack of the continued fevers confers, as a rule, immunity from a second. There is no such immunity in malarial fever.

Let us consider each of these points.

1. *Contagia are produced in and given off from the system. Malarial poisons are not.*—The evidence of the reproduction of the poisons of the continued fevers is their elimination in increased quantity and in an active form. And the evidence is sufficient. A poison cannot be received into the system in small quantity, and be given off from it in large, without having been reproduced there. But though increased elimination is a proof of reproduction, its absence is not a proof to the contrary. An organised poison might be reproduced in, and exercise its action on, the system, without being eliminated in an active form. Its life history might be completed in one cycle of growth within the system, and itself come to an end in the course of the morbid action which it set going. Or it might be destroyed and disintegrated in the system and thrown off by the eliminating organs. In either case it would pass from the system in a form different from that in which it entered it. It is certain that in malarial fever the poison is introduced from without. It is probable that this poison is an organism. If it be so, its action is likely to bear a relation to its organic growth.

The phenomena of these fevers are, indeed, such as can scarcely be explained on any other view. A short residence—even one night—in a malarial district may give rise to a fever of some weeks' duration. If during one night the patient inhales enough poison to cause so prolonged an attack of fever, if the whole of the poison requisite to the production of such an illness exist in the system at the commencement of the attack, he surely should be killed right off by it. Again, if the dose taken suffice to cause the fever, why does it not go on acting? Why are there intermissions and remissions? Why is the patient one day in a raging fever, and the next day free from it? And why, in the absence of treatment, does this alternation of pyrexia and apyrexia go on indefinitely?

If the whole of the poison necessary to the production of all the phenomena of the malarial fevers existed in the system at the commencement of the illness, they would lose their intermittent and remittent character, the full effects of the poison would be produced at once, and their phenomena would be concentrated into one violent attack of fever which could scarcely be recovered from.

It is impossible to explain the phenomena of the malarial fevers on the supposition that the whole of the poison necessary to the production and full development of each exists in the system at the time of its onset. Their varying course, their often increasing severity, their prolonged duration, and their small mortality, can be accounted for only on the view that their poisons are reproduced and destroyed during the course of the maladies to which they give rise—that that which produces the symptoms of to-day has to-morrow ceased to be active, but has given rise to an offspring which keeps up the action which its parent set agoing, and in its turn hands down to its offspring the same morbific properties which itself received.

Such reproduction is peculiar to organised structures. That the poisons of malarial fevers are somehow destroyed in the system there can be no reasonable doubt. They enter it from without; they are almost certainly reproduced therein, and they are not eliminated in an active form. They must, therefore, be destroyed and disintegrated. The only alternative view is that they remain permanently in the system, and that is an untenable position.

It seems to me that we must accept the view that malarial poisons are destroyed, probably in some of the eliminating organs, and that the products of their destruction are eliminated with the ordinary excreta. The presence of these products in the system may partly explain the unusually copious urinary deposits which are noted in connexion with intermittent and remittent fevers.

The fact that malarial poisons are not eliminated in an active form does not prove that they are not reproduced.

2. *Malarial fevers are not communicable from the sick to the healthy.*—Communication of a disease means the passage of its poison from the bodies of the sick to those of the healthy. It therefore presupposes the elimination of that poison in an active state. Malarial fevers are not communicable because their poisons are not so eliminated. Non-communicability is at once the proof and the necessary consequence of non-elimination in an active state.

3. *Malarial fevers have an intermitting, indefinite course, and an irregular period of duration.*—The poisons of the continued fevers and of malarial fevers, if organisms, are also parasites. As such they require for their development something more than the bare materials requisite to organic growth—something which they find in their nidus, and which is as necessary to their reproduction as are nitrogen and water to their organic growth. The materials requisite to organic growth exist all over the body, and are practically unlimited. The special material which the poisons find in their nidus (and which for convenience sake we call the second factor) is not so. It exists only in the nidus in definite and limited quantity, and may therefore be readily exhausted. In typhoid fever, for instance, it is limited to the intestinal glands; in small-pox to the skin. So long as any of this second factor exists, the poison continues to be propagated, and the febrile symptoms are kept up. When it is exhausted, the system no longer possesses the necessary nidus—no longer presents to the poison the conditions requisite to its continued action—its propagation ceases, and the fever comes to an end.

The quantity of the second factor is not the same in all persons. It has an average, however, and the period requisite for using up this average represents the mean duration of the malady. If the quantity be large, the contagium finds a rich field for its propagation and development, and the resulting attack is prolonged and severe; if small, the field is a poor one and the resulting attack is short and mild. The course of the continued fevers is continuous and regular, because the quantity of the second factor in the nidus does not fluctuate during the course of these fevers; and because, therefore, the contagium goes on being reproduced steadily, continuously, and without break or intermission, until the nidus is exhausted.

Their period of duration is definite, because the second factors necessary to the propagation of their poisons exist in limited and definite quantity, are exhausted in a given time, and when exhausted are reproduced tardily or not at all.

In typhoid fever, for instance, the second factor necessary to the propagation of the poison of that disease has its seat in the intestinal glands. In the absence of these glands (as in infancy, in old age, and after their destruction during an attack of typhoid), the typhoid poison has no action on the system; it is as impotent for evil as is the poison of small-pox to one who has already suffered from that disease. At the commencement of an attack of typhoid fever these glands contain a certain quantity of the second factor. This quantity must be both definite and limited, because the size of the glands is so. It is because its quantity is definite, and not liable to vary during the course of the disease, that the fever is continuous. It is because it is limited, and is not apt to be reproduced, that the fever has a fixed period of duration.

If there existed a parasitic organism whose second factor, after having been exhausted, was readily and quickly reproduced before the first factor, the organism was all eliminated from the system, the fever resulting from the propagation and growth of this organism would consist, not of one continued attack, but of alternations of pyrexia and apyrexia; and as the exhaustion and reproduction of the second factor might go on indefinitely, so also might these alternations. In this way there would be developed a disease having all the characteristics of intermittent fever.

If the second factor were still more rapidly reproduced, it might never be thoroughly exhausted. Its quantity might only be considerably reduced, and continue to rise and fall, for some time without ever being thoroughly used up. In this way there would be produced a disease having all the characteristics of remittent fever.

If the second factor, instead of being localised, as it is in the eruptive fevers, existed in the blood, such rapid reproduction would be very likely to take place; for the blood is an ever-changing fluid containing nothing but what, when removed, is likely to be replaced.

That the second factor may exist in the blood, and may be so quickly reproduced as to give rise to alternations of pyrexia and apyrexia, is evidenced by what we see in relapsing fever. This is the only one of the continued fevers in which an organism has been detected in the blood. It is also the only one in which the course of the fever is not continuous, and in which there is no characteristic local lesion. With reference to the spirilla which is found in the blood, it has been proved that it exists during the pyrexia, and is absent during the apyrexia; and there can be no reasonable doubt that the spirilla is the poison whose propagation causes the disease.[1]

From what we find occurs in relapsing fever, we know that the period of pyrexia corresponds to the period of abundant propagation of the organism—the period of apyrexia to its absence. From what we believe regarding the nature of the poisons of malarial fevers, from a consideration of the phenomena to which they give rise, and from a comparative study of what is observed in the somewhat analogous case of relapsing fever, we regard it as in the highest degree probable, first, that the poisons of intermittent and remittent fevers find the second factors necessary to their propagation in the blood; second, that this second factor is at no time very abundant; third, that it is, therefore, quickly used up during the active propagation of the poison; and fourth, that when used up it is quickly reproduced. The rapid using up and speedy reproduction of the second factor have much to do with the production, not only of the characteristic intermissions and remissions of these fevers, but also with their equally characteristic indefinite period of duration. Their course is intermitting and irregular, because the quantity of the second factor essential to the reproduction and action of their poisons fluctuates and varies during the course of this action, and because therefore the quantity of poison reproduced varies from day to day. Their period of duration is indefinite, because the tendency to the speedy reproduction of the second factor is not limited to a definite period of time.

In the malarial fevers, as in relapsing fever, a time comes when the renewal of the second factor is so retarded that the poison is all got rid of before that event takes place. The advent of this time marks the onset of convalescence.

4. *One attack of malarial fever confers no immunity from a second.*—The insusceptibility to the action of the poisons of the eruptive fevers enjoyed by those who have once suffered from them constitutes one of their most striking characteristics. As the decline of the fever is due to the exhaustion of the second factor, so immunity from a second attack is due to its non-reproduction. If, after having been exhausted, the second factor be not reproduced, the system no longer presents the conditions requisite to the propagation of the contagium, and it does not act. That such is the explanation of the immunity from second attacks enjoyed by those who have once suffered from these diseases is evidenced by the fact that, as a rule, no amount of exposure to their poisons, not even their direct introduction into the system, serves to produce a second seizure.

It is to be noted that this immunity is peculiar to the eruptive fevers, that is, to those forms of continued fever in which the second factor is localised in some particular organ; and that relapsing fever, the only form of continued fever in which the second factor is not thus localised, is also the only one in which one attack confers no immunity from a

[1] The opinion is indeed held by some that the fever is primary and the spirilla secondary—that the former induces a condition of the blood which favours the development of the latter. But if that were the case the spirilla should equally be found in typhus, typhoid, and other fevers in which the febrile disturbance is as marked as in relapsing fever. But it is found in no fever except relapsing.

second. In relapsing fever the second factor exists in the blood. Now it is evident that a lasting impression may be more readily made on a formed and solid organ than on a constantly-changing fluid like the blood. An organism which finds its second factor in the former is, therefore, more likely to produce a permanent effect than one which finds it in the latter. Moreover, it is to be observed that some of the tissues which are the seat of the local lesions of the eruptive fevers undergo permanent change in the ordinary course of nature. I would specially instance the tonsils, which are affected by scarlatina, and the intestinal glands, which are involved in typhoid fever; both of which dwindle away and ultimately disappear as years advance.

In intermittent and remittent fevers the second factor is readily reproduced, because it exists in the blood.

The same tendency to the reproduction of their second factors, which serves to account for the varying course and indefinite duration of these maladies, serves also to explain their tendency to recur again and again in the same individual. The second factor is reproduced, and with its reproduction there is a renewed susceptibility to the action of the first.

It is generally said that one attack of malarial fever produces a greater susceptibility to its subsequent recurrence. The truth is that the constitutional peculiarity which led to the first, leads equally to subsequent attacks, and the later as well as the earlier attacks are merely the evidence of the existence of this peculiarity.

*(To be concluded.)*

# A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

## WESTMINSTER HOSPITAL.

### PYLEPHLEBITIS; RIGORS SIMULATING AGUE.

(Under the care of Dr. O. STURGES.)

FOR the following notes we are indebted to Mr. W. Gristock, M.B. Lond., medical registrar.

H. M——, aged fifty-eight, was admitted April 22nd, 1880. She stated that she had lived till twelve years old in Essex, in a marshy district, and had had ague (tertian) several times; never since childhood. She had always been strong and healthy, but twenty years ago she had scarlet fever, from which she quite recovered, and twelve years ago she had rheumatic fever, and had not been quite so strong since. She did not complain of pain, palpitation, &c. Father of patient died of "consumption," aged forty-two. Her mother died, aged fifty-one, cause unknown to patient. There was nothing particularly noteworthy in the family history. The present illness began three weeks before admission, with "fever" and "aching in limbs," which kept her in bed. About ten or twelve days later she began to have ague-like attacks, which recurred daily, sometimes three times a day.

On admission, she was sallow, but not jaundiced, and was fairly well nourished. She had no pain or tenderness anywhere. The tongue was dryish, with white fur. The attacks occurred daily in the afternoon, and also in the morning on April 23rd, 24th, and 27th. These attacks at first closely resembled ague, and were mistaken for it. There was a regular sequence of "cold stage," lasting fifteen to twenty-five minutes; "hot stage," lasting from half an hour to three hours; and "sweating stage," of variable duration. In the attacks the temperature rapidly rose to about 105° Fahr. (the highest temperature was 105·6° on April 24th), and then rapidly sank to subnormal. There were, however, no long intermissions of fever. Quinine was given in five-grain doses on April 23rd; in ten-grain doses on the 24th and 25th. Five grains three times a day were ordered on the 28th, and also two ounces of brandy in twenty-four hours. The quinine had an obvious effect in arresting the rigors, but did not seem otherwise to affect the course of the disease. The last rigor occurred on May 2nd, and after then the temperature gradually fell, though there were still great diurnal variations. After May 6th it was persistently subnormal—below 95° on the 10th. There was rapid wasting, and for several days before death the patient was very collapsed, and took nourishment with great difficulty. She sank very gradually, and died on May 12th. The pulse throughout was rapid, but variable and weak. The tongue was dry, extremely so towards the end, and covered with thick brown scales. The bowels were regular throughout, rather loose. Urine deposited large quantities of lithates, but never any albumen. On April 28th the liver-dulness was noticed to be increased, and the margin of the liver was felt below the ribs. The splenic dulness also was a good deal increased. The patient's prostrate condition prevented careful examination.

*Necropsy thirty-three hours after death.*—The body was very emaciated. The heart weighed 12 oz.; all the valves were thickened, and the aortic valves were not quite competent; there was commencing atheroma at the root of the aorta, but no ulcerative processes. The lungs were somewhat emphysematous. The spleen weighed 13 oz., was soft; capsule normal. The kidneys weighed 4 oz. each, and were fatty; cortex diminished; capsule adherent; surface smooth. The uterus contained two small fibroids in the fundus, one containing pieces of true osseous tissue. An old fibrous membrane was adherent to right cornu. The liver weighed 54 oz.; the capsule in various places was easily detached; general colour dark red; the upper surface of the right lobe bulged up against the diaphragm over an area of about two inches square. Over this area the liver and contiguous surface of the diaphragm were covered with purulent lymph; beneath this area, and extending into hepatic substance for an inch and a half in depth, was a portion of much lighter colour than the rest of the liver, and separated from it by a distinct capsule. The included part did not apparently contain pus. Most of the large portal veins were quite filled with pus, which reached, in many instances, into the finer branches, so that a section of the liver gave the appearance of a branch with leaves on it. The course of the pus was traced from the portal vein to the pancreatic and duodenal vein, which appeared dilated, and contained a clot requiring some force to remove it from the walls of the vessel. For about two inches the intima of the vein was swollen, thickened, and of a dark colour, and could be easily stripped off, leaving a rough surface. The tributaries of the vein were normal, and did not contain clots. Two or three glands in the adjacent mesentery were enlarged and contained pus. The stomach and peritoneum, except in the parts above-mentioned, were healthy. The duodenal mucous membrane was congested. There was no ulceration anywhere in the intestine.

### PROGRESSIVE WASTING; RIGORS; CASEATION OF SPLEEN.

(Under the care of Dr. STURGES.)

W. J. E——, aged forty-nine, was admitted on March 31st, 1880. He stated that he had had rheumatic fever thirty-six years before, but quite recovered. He had had no other known illness. He was well till January, 1879, when he felt pain in the left hypochondrium, preventing him lying on his back on the left side. His bowels also began to be confined, requiring continual purgatives. The pain increased till May, 1879, when he had a severe attack of vomiting, bringing up blood and "stuff like white of egg." In the following June he felt "something give way inside," and almost immediately passed a large quantity of blood and pus from the bowel. He was never after free from more or less pain in the abdomen and loins. The patient's manner was confused and rambling, rendering it very difficult to get details.

On admission he complained of pain in the left hypochondrium, epigastrium, and both lumbar regions. He had also cough, accompanied with much expectoration of thick mucus, wa[illegible]ng, and dysuria. There was no albumen in the urine. The bowels were confined, and the tongue was swollen and furred. On April 15th medium-sized crepitations were heard over bases of both lungs, and these continued to be audible till death, especially on the left side. The patient had three distinct rigors (on April 22nd and 23rd and May 2nd respectively), each accompanied with high temperature, and followed by profuse sweating. There were no other rigors. In the beginning of May he became drowsy and listless, but could be easily roused. His mind became more and more confused, and later he had delusions and

occasional quiet delirium. The temperature till a day or two before death was high and variable (highest temperature 104·2° on April 19th and 22nd). For a day or two before death the temperature was lower (98·8°—100° F.) The pulse varied from 108 to 120. The respiration during May varied from 30 to 36. No organic changes, except those of lung, were found, and no diagnosis was arrived at except of "suppuration." He gradually sank, and died May 21st. The medicinal treatment consisted of stimulants and tonics, and for the pain bromide of potassium and chloral and opium plaster to the loins.

*Necropsy twenty-two hours after death.*—Much emaciation. Adhesions between dura mater and pia mater in parts over vertex. The grey matter over an area about the size of a florin, and located in the marginal and superior anterior frontal convolutions of the left side, was totally disorganised. In similarly softened condition was an area of about the same size situated in the right inferior surface of cerebellum, chiefly in the slender lobe, but in this part the membranes were absorbed over a space three-quarters of an inch by a quarter of an inch; a broken-down nerve substance was in contact with the bone. The arteries at the base of the brain seemed normal, as did the rest of the encephalon. It was remarked that the left side of the skull was flattened (probably congenital). The heart was fatty, valves were normal; the kidneys also were normal. There were old adhesions in the right pleura, especially at the base. Both lungs were riddled with nodules of caseation about the size of peas. There were also many miliary tubercles. The left lobe of the liver, the cardiac end of the stomach, and the spleen were adherent by fine firm bands of fibrous tissue. There were no signs of recent inflammation. The stomach was firmly adherent to the spleen over a circular area about the size of a shilling, and at this spot the coats of the stomach were so thin that on removal the stomach separated from the spleen leaving a round patch of mucous membrane adherent to spleen. The left lobe of liver was much flattened. The spleen (which, together with the stomach and part of left lobe of liver, weighed forty-nine ounces) was about the size of a cocoa-nut. Its capsule was thick and purple, mottled with red, and round patches of yellow corresponding with the caseous nodules with which the spleen was filled. The spleen was transformed into a collection of caseous nodules, each about the size of a pea, these apparently being converted Malpighian bodies, and between these ramified fibrous tissues and bloodvessels. The stomach appeared healthy but thinned, especially at the cardiac end. The liver, which weighed forty-eight ounces without the piece of left lobe, was fatty and fibrous. Two caseous masses were found in upper surface of right lobe, and another in quadrate lobe; adjacent to each were dilated bile-ducts containing viscid secretion. In the head of the pancreas was a caseous mass about the size of an ordinary marble.

## SOUTH STAFFORDSHIRE HOSPITAL.

### A CASE OF SCIRRHUS OF THE BREAST IN THE MALE.

(Under the care of Mr. KOUGH.)

E. B——, aged forty-five, was admitted March 9th, 1880. Nearly three years ago a tumour of the size of a pea was noticed in the left mamma. It gradually increased till it acquired its present dimensions, but caused no pain till January, 1880. He then felt shooting pains passing upwards, to the neck. In February the patient sought advice, and was admitted into the hospital as soon as he could leave his employment. There is no history of injury or eruption about the breast or discharge from the nipple.

On admission the tumour was the size of a large egg; it was of stony hardness, adherent to the skin, but movable on the pectoral muscles. One gland at the anterior fold of the axilla was enlarged. The patient's general condition was fair, although he said he had lost flesh lately. The family history was indefinite.

On March 11th the tumour was removed by two elliptical incisions, and the axillary glands were enucleated. Owing to the adherence of the skin to the surface of the tumour a somewhat large wound was left. This had nearly healed by granulation by April 20th, when the patient was discharged.

The physical and microscopic examination of the tumour showed it to be scirrhus. There is no reason to believe that the axillary gland was infiltrated with cancer.

The case is interesting as forming a unit in the statistics of cancer of the male breast, but it also has some points of interest when read with similar cases published in the "Hospital Mirror" of THE LANCET, the "Transactions of the Medico-Chirurgical Society," and elsewhere. (1) The growth was noticed when it was very small. (2) It occurred after the period of physical perfection. (3) It was attributed to no physical cause. (4) Mr. Birkett states that in the male cancer of the breast is less rapid in its course, and slower in its recurrence, than in the female. This was slow in its growth, and it will be interesting to note whether it will return.

## COTTAGE HOSPITAL, MORETON-IN-MARSH.

### CASE OF OVARIOTOMY; RECOVERY.

(Under the care of Mr. JOHN N. MOORE.)

Mrs. P——, aged forty-nine, was admitted on April 22nd, stated that, until two years ago, she had enjoyed fairly good health. She began to menstruate at twenty. She had had two children, both of whom were living, aged seven years and ten years respectively. The catamenia stopped about two years ago. In May, 1879, she first noticed a tumour about the size of a four months' fœtus just above the pubes; the swelling was perfectly uniform, and exactly the shape of a pregnant uterus. She stated that she had occasional shooting pains through the pelvis, and afterwards distinctly felt the movements of a child. The tumour gradually increased in size until the abdomen become much distended, and the pressure of it caused the legs to swell, and interfered with the breathing and the power of locomotion; micturition was not affected in any way, but there was a constant sanious discharge from the vagina.

On March 4th, 1880, Mr. Moore tapped the tumour, to relieve the urgent symptoms, and drew off four gallons of semi-transparent straw-coloured fluid. This gave great relief, and was followed by no bad symptom except a marked depression of strength for a few days. The tumour commenced to fill again, and on April 22nd she was admitted into the Cottage Hospital. Two days later ovariotomy was performed.

The patient was placed under the influence of the chloroform and ether mixture (in the semi-recumbent position); an incision was made in the median line from the umbilicus to just above the pubes, dividing the layers of abdominal wall down to the peritoneum, which, when exposed, was found to be thickened in character and roughened. The peritoneum was carefully divided on a director, and the anterior surface of the cyst wall exposed. It was adherent to the anterior wall of the cyst by recent adhesions, which were easily broken down by the hand. At this stage a large trocar was plunged into the tumour, and a little over a gallon of thick, dark-coloured, gelatinous fluid was drawn off. It was then found on attempting to lift the tumour that there were lateral pelvic adhesions, one being of an exceedingly firm character. These were carefully broken through by the hand and finger-nail, and the tumour got free. The mass was then raised through the wound, exposing the pedicle, which was about three inches long by an inch broad. A needle, armed with a double ligature of Chinese gimp, was then passed through the centre of the pedicle and tied on either side, and afterwards completely round "the pedicle," which was then cut short and dropped into the abdomen. In breaking through the lateral adhesions there was an escape of fluid into the peritoneal cavity. This was carefully sponged out, the omentum replaced *in situ*, and the edges of the wound were brought carefully together by four deep and six superficial sutures, the former including the peritoneum. The wound was dressed in a simple manner by dry lint, the edges of it being supported by broad strips of Leslie's adhesive plaster, and the whole secured by means of a broad flannel bandage.

The after-treatment consisted in careful attention to the bladder, the administration of small but frequent quantities of gruel and milk and a little iced champagne to allay the sickness, which was of a trifling character. The temperature never rose beyond 102° F., and that forty-eight hours after the operation. The deep sutures were removed on the fifth day, by which time the wound had completely healed. No medicine was given at all, with the exception of two single pills, containing a grain of opium, on the night of the operation.

On examining the tumour after its removal it was found to be a composite ovarian, one large cyst, together with a solid substance, containing several small cysts, and weighed about five pounds.

No special antiseptic treatment was adopted; there was no hæmorrhage or vessel of any kind requiring ligature, and the patient made a rapid and complete recovery, leaving the hospital on the twenty-sixth day after operation.

Valuable assistance was rendered in the operation by Dr. Yelf (one of the surgeons to the hospital), Mr. Moore of Bourton-on-the-Water, and Surgeon-Major Crisp, A.M.D.

# Reviews and Notices of Books.

*Lessons in Gynecology.* By WILLIAM GOODELL, A.M., M.D. London: Baillière, Tyndall, and Cox.

THE name of this book fairly describes it. It consists of short clinical lectures delivered, in many if not in all instances, at the bedside or in the operating theatre. The author in his preface says: "This book is not a treatise upon diseases of women, but mainly the outcome of clinical and didactic lectures delivered to the advanced students of the medical department of the University of Pennsylvania." Still most of the diseases peculiar to women are treated of. The author has been long known as an able and original worker in the obstetric department of medicine, but no one can read the book before us without feeling that he is also a very able teacher—that is, that he has the power to convey his views clearly to, and to impress them deeply upon, his hearers. His style is terse and pointed, and, without elaboration and in short space, he draws a striking picture of a disease. Originality of matter is not to be expected of a teacher educating students, but there are things which we have a right to expect of him—his teaching should, in so far as possible, be correct, and should be free from evil or dangerous tendencies.

There are subjects treated of in this volume with regard to which the opinions of experienced physicians widely differ, such as displacement of the uterus, lacerations of the cervix uteri, &c.—subjects upon which each one must form his opinion upon the evidence at his command. Dr. Goodell holds flexion of the uterus of a certain degree—be it backwards or forwards—as a pathological condition. In the treatment of anteflexion he recommends, among other means, the use of stem pessaries. Now this method of treatment is, unfortunately, one of those subjects upon which opinions are widely asunder. There is, however, one fact about which there can be no doubt, and all are agreed—namely, that death has in many instances followed the introduction of stem pessaries into the uterus. Whenever the use of stems is recommended, this important fact in their history should be made known. The author makes no mention of it, but contents himself with referring to two cases of his own, in one of which "a smart attack of peritonitis," and in the other "a pelvic soreness," followed the introduction of a stem!

Again, we cannot help regarding the manner in which the employment of the curette is recommended for the removal of fungosities supposed to be present in the cavity of the uterus as hazardous. That fungosities are sometimes present in the uterus there is no manner of doubt, yet post-mortem examination shows how rarely they occur. Moreover, their detection during life is very difficult, for they cannot be easily recognised by the finger introduced into the dilated womb because of their softness; every gynecologist knows how liable small mucous polypi in the cervix of the uterus are to escape the sense of touch, and how the sight is necessary for their detection. We cannot but think also that in many instances pieces of tissue which have been removed by the curette, and regarded as fungosities, are nothing but portions of the mucous membrane of the uterus, for on examination they have presented a structure precisely similar to that membrane. They may be present, moreover, with or without symptoms, so that it is by no means established that they are often the source of the mischief which has been ascribed to them. From this book one would be led to think that fungosities giving rise to symptoms are of frequent occurrence. In describing the preparation of the patient for Emmet's operation for laceration of the cervix, the author says: "Whenever the catamenia are profuse the preliminary use of the curette is always good practice." From what is well known of the result of interference with the interior of the uterus, we cannot help regarding such advice as reckless and highly dangerous.

There is one other subject to which we must call attention—namely, sexual relations as causes of uterine diseases. This is repeatedly referred to in the course of the work and at the end a special "lesson" is devoted to it, in which several scriptural characters, together with an apostle, are summoned to support the author's views. This subject may be one of the highest importance medically, as it is socially and morally, but we have no evidence regarding it which justifies us in forming an opinion. Whether the result would repay an investigation into so nauseating a subject surrounded by such peculiar difficulties we do not pretend to say, but we cannot hesitate to assert that the subject is too offensive to be touched upon now and then. Like a stinking cesspool, it should be opened, once for all set right, and closed, so that its foulness may not pollute its surroundings. This can only be effected by an exhaustive investigation of the subject, and thus setting it on a scientific basis. The author has not done this. The lesson referred to contains little that is scientific, little or nothing that the moralist could not teach; indeed the author, from the highest motives, has played the part of the moralist under the guise—and a very thin one—of the physician. We think this a mistake, for it can lead to no good to morality or medicine. Until the subject can be treated in a scientific manner, by the physician as such, it had better be left untouched.

*On Aneurism; especially of the Thorax and Root of the Neck.* By RICHARD BARWELL, F.R.C.S., Surgeon to Charing-cross Hospital. With Illustrations. London: Macmillan & Co. 1880.

THE practice and success of Mr. Barwell in this special department of surgery have already been brought under the notice of the profession in papers at the Medico-Chirurgical Society, but the subject is so important and his success has been so signal, that we are glad to welcome this little book, which will make the facts more widely known than they could otherwise be. Mr. Barwell has performed the double distal ligature for innominate aneurism four times, and is able to report that in three cases cure resulted. This is a success quite new to surgery. The result is attributed to the use of a new flat or ribbon ligature and the Listerian dressing. Although Mr. Barwell is a warm supporter of Listerism, he is strongly impressed with the imperfections of the carbolised catgut for ligatures, and proposes to replace it by a ribbon ligature prepared from the fresh aorta of an ox. It is stated that this ligature is organised in the body, and that being flat, it is used without severing any of the coats of the artery. He has employed it for the ligature in continuity of the largest arteries of the body seven times, and in no case has any trouble arisen from the ligature, and all the cases have done very well. Unfortunately the ligature is unsuited for divided arteries, and we note that Mr. Barwell does not give evidence to show that the coats of the vessels are not severed by this flat ligature. We are presented with a very gloomy picture of the pain attending the treatment of aneurism by compression; in view of the many rapid re-

coveries under Esmarch's bandage it appears to be an exaggeration to speak of the ligature as a pleasanter mode of treatment. We are surprised to read that the risk of gangrene supervening on the ligature of an artery for aneurism "has not been previously mentioned." A reference to the works of either Erichsen, Holmes, Bryant, or even to the handbook of Fairlie Clarke, would have saved Mr. Barwell from an error which, however, is too obvious to be harmful.

# The Lancet-Commission ON ATHLETICS.

## II.

ATHLETICISM, like every other pursuit, does not pass scathless from the attacks of its enemies. It is objected to as injurious both on social and physical grounds. In the first place, it is alleged that it unfits men, especially young men, at the University, for reading and steady work, and improves the body at the expense of the intellectual powers. Certainly, a man may be so passionately devoted to athletic exercises as to be willing to give up everything else for the pleasure of this one pursuit. But the same is to be said of every other amusement, and the proper use of a thing should not bear the blame that attaches to its abuse. It must be granted, however, that during the Race-week at the University, and for a short time preceding it, a man in hard training usually feels rather restless, and in such admirable spirits that he finds it hard to apply himself to any distasteful work; but this state lasts for a very short time, and, we believe, does more good by varying the monotony of the system than harm by the temporary interruption it may cause to the routine of work. But that even severe physical exercise is not inconsistent with hard work and success in intellectual pursuits is demonstrated by the fact that many men who have been renowned as oarsmen have taken the highest honours at their University, or afterwards reached positions of eminence only attainable by the most cultivated intellects. Amongst these we may mention C. Wordsworth, late Bishop of St. Andrews; the late Dean of Norwich, Dr. Garnier; C. Merivale, author of "History of the Romans under the Empire"; G. A. Selwyn, late Bishop of Lichfield; W. W. Smyth, late President of the Geographical Society; Justice Sir W. Balliol Brett; Justice Hon. G. Denman; F. T. MacDougall, late Bishop of Labuan, Fellow of the Royal College of Surgeons, England; Dr. Hornby, Head-master of Eton. Besides, it appears from Mr. MacMichael's biographical notice of University oars that of the 190 gentlemen who took part in the contests between the years 1829 and 1861 no less than seventy-nine highly distinguished themselves in after-life at the Bar, in Medicine, in the Church, or in literary pursuits, or took a good degree at the University. But even if the accusation that rowing diminishes the intellectual powers were true (and the examples we have quoted show the contrary), would not the injury be more than outweighed by the unquestionably good influence which it exerts on the *morale* of men who make it their exercise? Training is another word for the strictest sobriety and self-denial, and in no branch of athletics is training carried to so great an extent as among rowing-men. It is no small matter for an undergraduate to give up during five weeks of the summer term all the small self-indulgences that make life pleasant; and any pursuit which makes hundreds of men willing converts to such self-denial must inevitably produce elevating results. Judging from the popular novels of fifty years ago, the tone of the universities has in many ways since then greatly improved. Loafing and inebriety, the virtues of the old university hero, are happily now rarely to be met with, and we believe that the improvement is due in a great measure to the increase of rowing and other athletic exercises, and the training which is their necessary adjunct. The river, too, is a school for endurance which cannot be surpassed. Even the most carping critic must have some admiration for a man who, for bare honour, undergoes regularly the discomforts of training in an English spring to the end that he may take part in a contest which, temporarily at all events, will cause him severe bodily distress.

As to the question of health, however, considerable difference of opinion exists with respect to the effect that athletic pursuits carried to their full extent have, directly or remotely, on the constitution of the individual. As a rule, it may be stated that medical men who have been educated at the universities, or are practising in university towns, regard athletics with a favourable eye, whilst those practising in large cities frequently take a contrary view. This discrepancy of opinion is due to two causes. The University physicians see large numbers of men who, year after year, come up to the University engaged in severe athletic pursuits, and find that only an extremely small proportion are injured by it, whilst a vast number are distinctly benefited. The physicians in a large town see only the exceptional cases of breakdown, and not having the opportunity of witnessing the corresponding advantages, are unduly impressed by them. Moreover, the undergraduates of a University as a body are the least likely to feel the ill effects of prolonged and violent muscular exertion. The majority of them have had a long training from boyhood in all kinds of sports and exercises, and by the time they come to the University they are pretty conscious of what their powers are, and consequently we find that those who engage in athletic pursuits at the University are those who physically are best fitted to endure the strain. With a town population the case is different. In the majority of instances athletic feats are undertaken without any previous physical preparation; the pursuit is taken up generally later in life than is the case with the Universities, and often with a view to strengthen failing health. Then, too, the conditions of life of the athlete in town are very different from those of the undergraduate, who is well fed, well housed, and takes his exercise at hours when his bodily powers are not exhausted by the fatigues of a day's business or confinement in close, ill-ventilated chambers or offices. The townsman's meal-hours are more irregular, and his meals are perhaps eaten with less relish. The opportunities for exercise, too, are not constant, and periods of violent exertion alternate with corresponding periods of sedentary occupation. Taking all these circumstances into consideration, it will be seen that the townsman is heavily handicapped when he engages in athletic pursuits, and it is not to be wondered at that breakdowns more frequently occur than is the case at the Universities. In making these remarks we do not intend to throw any discouragement on the pursuit of athletic exercises in towns, but merely to point out that the conditions under which they are followed are different from those obtaining at the Universities, and therefore more care ought to be exercised in selecting any special pursuit, and particular attention should be paid to the circumstances under which it can be practised.

Our remarks, therefore, in the present article, will be confined to the influence athletic exercises have generally on the health and constitution of town populations, more especially as affecting those dwelling in large towns, contenting ourselves with endorsing Dr. Morgan's opinion,[1] that as far as any injurious effect can be traced to violent athletic exercises among men at the University, they can be accounted for "by too great a strain being laid upon the system in early life, or that the harm may generally be accounted for either by the existence of constitutional unsoundness, or by some deviation from the commonly accepted laws of health and prudence." Moreover, we may quote Professor Humphry's assurance, that undergraduates are, "as a general rule, when not under the eyes of their parents, cautious enough in what concerns their health . . . . they are prone to seek advice when they are in doubt as to their fitness for boating, and are for the most part willing to follow it, provided they feel that it is unprejudiced, and grounded on the real merits of the case. Being regarded as responsible agents, and allowed to judge for themselves, they are amenable to reason, and usually take the right course."[2]

[1] Dr. Morgan finds that from the year 1829 to 1869, both years included, 294 men have rowed in the Inter-University race; of the 294 oars 17 either describe themselves, or are spoken of by their relations and friends, in some cases with considerable reservation, as having suffered from their labours.—Vide University Oars, by John Edward Morgan, M.D. Oxon., F.R.C.P.

[2] Extract from a letter of Professor Humphry, quoted in Mr. MacMichael's Chronicle of the Oxford and Cambridge Boat Races from 1829 to 1869, pp. 26.

In forming an opinion as to the effect that certain athletic pursuits may have on the health of the individual a variety of circumstances have to be taken into consideration. Age, conformation, and habit of body, constitutional tendencies, &c. No man in his senses would think of taking to the running path after thirty, and few would be injudicious enough to allow rapidly-growing lads of thirteen to fifteen to engage in athletic exercises which throw a severe or prolonged strain on the muscular and osseous systems, as boat-racing, alpine climbing, or severe pedestrian exploits. Nor do we find men with large frames and a powerfully-developed muscular system generally engaging in athletic pursuits that require great dexterity or celerity of action. Moreover, the form of exercise pursued should in all cases be subordinated to the power of the individual and the peculiarities of his constitution. A man would act most unwisely who, with the knowledge that certain members of his family had suffered from heart disease or consumptive tendencies, should undertake an exercise that would throw any undue strain upon the heart or lungs; but he might, with great advantage to himself, adopt other athletic pursuits that would harden his frame and perhaps enable him to ward off his hereditary tendencies. The introduction of golf and lawn tennis among athletic pursuits are in this respect a great boon to the feebler members of the community, not merely to those whose health prevents them from undertaking more vigorous exercise, but to those whose strength is failing through age. Again, a medical man, without any inconsistency, may prohibit the rough-and-tumble game of foot-ball to a youth of strumous tendencies and yet permit him to play cricket, since in the first game there would be danger of inducing joint or bone disease from some comparatively slight bruise or strain inseparable from the game, whilst such accidents are comparatively rare in the latter pursuit. The great point, therefore, in every case is to determine what the effects a particular exercise will have upon the individual, and, having decided upon the proper form of exercise, to proceed to form some opinion as to the amount that should be taken.

With regard to this latter point, we fear more difficulty will be experienced than in determining the form of exercise that may be adopted. Estimates have been made, based on chemical and physiological observations and mathematical calculations, showing the amount of work a man weighing 150 lb. can accomplish in eight hours' vigorous occupation at different kinds of labour. Thus eight hours' pile-driving is equal to the force expended in lifting 312 tons one foot in height; turning a winch for the same period equals 374 tons lifted one foot; walking one mile on the level, unloaded, is said to be equivalent to lifting 17·67 tons one foot; but if loaded with a knapsack weighing 60 lb. the work done in a mile's march amounts to 24·75 foot tons. However correct the mathematical calculations and the chemical and physiological observations may be on which these estimates are founded, still, when pushed beyond the limits of common sense, they become dangerous in their application, because they ignore what, for want of a more expressive phrase, we may call the "stamina" of the individual. It is impossible from scientific data at present before us to explain how it is that the Hindoo coolie,[3] with his slim muscles and rice diet, will perform an amount of external mechanical work that the English navvy, with his grand muscular development and ample diet, would find it difficult to excel. The estimate, therefore, of the amount of exercise that may be taken without injury to health in any given case is not to be decided by any hard-and-fast rule, but by observation of the effect that exercise has on the health and development of the individual. And here we would remark, parenthetically, the great advantage it is for schools to have a medical attendant who not only visits the boys when sick, but is constantly brought into contact with them when in health. It is in boyhood that the physical powers are first tested, and it is of the utmost importance that the experiment be fairly watched. We do not advocate any fussy interference with boys' sports and games, but we do think an eye should be kept on them to see that they do not "take too much out of themselves." This could easily be done if the height, weight, and chest girth of each boy were taken from time to time during the half year. So long as the weight increased in a normal ratio for the boy's age, no apprehensions need be entertained; but a retrogression or even a pause would be the signal for placing a lad under surveillance as regards his work, mental as well as physical. With respect to adults, the rule should be that exercise should stop short of fatigue. When a feeling of painful effort is experienced in the performance of any work we may be sure that the nervous system is becoming exhausted, and that ere long symptoms of acute local fatigue will manifest themselves. These, as regards the muscular system, are recognised by irregular, painful muscular contractions known as cramp, and by a peculiar tremulous quivering and twitching of the muscles. When fatigue is carried so far as to affect the respiratory and circulatory systems, the symptoms are of a graver character. Panting, sighing respiration, rapid and irregular action of the heart, cold sweat, and frequently giddiness and indistinctness of vision, show that the physical powers have been pushed beyond the physiological limit. A judicious trainer, therefore, will cry "Hold! enough," at the first symptom of fatigue, and content himself by gradually developing the powers of endurance, carefully increasing the task in accordance with the increase of the muscular power; but, above all, with the establishment of that concordant action of the heart, lungs, and great vessels which is so essential to development of a man's "breathing power" in fast work.

Regularity and constancy in the pursuit of exercise are imperative if perfect health is expected to result from its employment. It is far better for men to lead altogether a sedentary life than to be irregularly active. This caution is the more needed since the transition from sedentary habits to arduous and exhausting physical labour is of frequent occurrence. Dr. Ralfe, in some remarks on this subject, has pointed out that "Every year a number of middle-aged men, who, for some months past, have been engaged in the sedentary occupations of a profession, of literature, or of business, at the commencement of the autumn holiday start for the Continent or the Highlands, and suddenly undertake immense fatigue in the ascent of alpine heights, or no less laborious work of a day on the moors without the least preparation. So also we see every Bank-holiday crowds of young men starting off for some tremendous walk or 'bucket' up the river, utterly unprepared for the task they undertake. Is it to be wondered at that men return complaining that their holiday has done them no good; that, instead of vigour, they complain of exhaustion; that their appetite fails them, their nights are sleepless, their limbs ache, and they are jaded and spiritless?" Again, the transition from active habits to sedentary pursuits is generally accompanied by a marked disturbance of health, since organs roused to full activity by the stimulus that exercise gives them are liable to become "functionally deranged" when that stimulus is withdrawn. This, perhaps, would not be so frequently observed if instead of relapsing immediately, as is too frequently the case, into idle habits as far as exercise is concerned, an attempt was made to engage regularly, for however short a time, in some pursuit which would ensure brisk muscular movement; so that the health acquired by exercise during the vacation should not be lost; and moreover that the body, when the next holiday period came round, should be found in fair condition to undertake the increased physical strain then thrown upon it.

[3] Professor du Chaumont, of Netley ("Parkes's Hygiene," 5th edition), has given some interesting particulars of the work done in India by natives. (1) Thus a hill coolie will go thirty miles, with an ascent of 5500 feet, in three days, carrying 80 lb. weight, the weight carried on a frame supported on the loins and sacrum, and aided by a band passed round the forehead—*work per diem, 500 tons lifted 1 foot.* (2) Eight palanquin-bearers carried an officer weighing 180 lb., and the palanquin weighing 250 lb., twenty-five miles in Lower Bengal; assuming each man weighed 150 lb., the work was 600 foot-tons *per diem.*

## New Inventions.

### THE UNIVERSAL INVALID TUBULAR WATER- OR AIR-BED.

MESSRS. POCOCK Brothers, of London, have manufactured, at the suggestion of Dr. Miller of Bethnal House, a very serviceable water- or air-bed. Instead of having the air or water contained in one large chamber, it is in several separate tubes held together in a case. The cylinders are of course waterproof, and those in the centre of the bed are provided with an additional coating of macintosh. The tubular structure allows of free ventilation and of draining of fluid from the surface of the bed. The separate tubes can be

more or less inflated to raise or relieve from pressure certain parts, while the removal of a couple of the tubes permits of the easy use of the bedpan. It is free from noise and surging, and is of course easier to arrange and move than an ordinary water bed. Another great advantage in it is, that an injury to any one tube requires the repair or renewal of that part only. The bellows for inflating the tubes supplied with the one submitted to us is far too small; with a larger one the process of inflation would be much easier.

## GOUDIE'S PATENT MATTRESS.

WE have received from Messrs. Taylor Bros. and Co., of Queen Victoria-street, one of Mr. Goudie's new cork and air mattresses. When inflated it resembles in appearance a thick horsehair or spring mattress, the air chamber being surrounded by a fairly thick casing of granular cork mixed with "a powerful but inodorous disinfectant."

The advantages Mr. Goudie claims for his patent mattress are:—It is cheaper than hair or feather, is less liable to get out of shape than hair or wool, maintains a more even temperature than air- or water-beds, and is as soft, but not so liable to be damaged, and is lighter than, and equally as durable as hair. It is non-hygrometric, and does not cause chills, as when the india-rubber is exposed. The mattress can be purified after use by immersion in water mixed with any disinfectant, and will dry in twenty-four hours in a temperature of 60°. There is no smell of india-rubber, nor the uncomfortable "spring" of an ordinary air- or water-bed. For ordinary use it is both comfortable and healthy, but it hardly fulfils the object of an air-bed in cases requiring an even distribution of pressure over the whole body, as it is not flexible enough to fit closely into the surface of the body.

# Analytical Records.

### MISTURA BISMUTHI CO. (DR. BROWNING'S).

(MACKEY, MACKEY, & CO., BOUVERIE-STREET.)

A good and useful preparation. It is intended for use in dyspepsia, sickness, gastric catarrh, &c. Bismuth could hardly be given in a better form.

### MIST. PEPSINÆ CO. C. BISMUTHO.

(C. J. HEWLETT & SON, LONDON.)

Contains pepsine, solution of bismuth, purified solution of opium, hydrocyanic acid, nux vomica, &c. It is clear, mixes easily with water, and is undoubtedly a valuable and convenient preparation.

### ESSENCE OF DANDELION COFFEE.—ESSENCE OF COFFEE AND CHICORY.—THE EDINBURGH COFFEE AND MILK.

(T. SYMINGTON, EDINBURGH.)

The taraxacum extract is really an excellent substitute for coffee, and will, we think, be an advantage to many bilious and dyspeptic patients.

Edinburgh Coffee and Milk is a mixture of condensed milk with coffee essence. It is convenient, and will be useful to travellers, yachtsmen, and others.

### BENGER'S PREPARATIONS OF THE NATURAL DIGESTIVE FERMENTS.

(MOTTERSHEAD & CO., MANCHESTER.)

*Liquor Pancreaticus (Benger); Liquor Pepticus (Benger).*

These are carefully prepared, and, so far as we can tell from the tests we have been able to use, thoroughly trustworthy preparations. So many worthless articles of the kind have been sold that great care is required in choosing those upon which reliance can be placed. Mr. Benger's care has therefore been well spent.

### McDOUGALL'S PATENT FLOUR (SELF-RAISING).

(McDOUGALL BROS., LONDON & MANCHESTER.)

This is an interesting, and as far as we know, perfectly original method of treating and improving flour. During the process of milling, and afterwards during the ordinary fermentation-process of baking, the flour suffers, as is well-known, a definite loss both of phosphates and of nitrogen. The new process, which is the subject of a patent under the joint names of Professor Horsford, Cambridge, U.S.A., and Messrs. McDougall, consists in the mixture of the flour with bicarbonate of soda and dry acid phosphate of lime. The addition of water causes the formation of the phosphates of lime and soda, and the raising of the dough is effected by the carbonic acid liberated from the alkaline carbonate. Thus the phosphates lost in milling are restored, and the destruction of gluten attendant upon fermentation prevented. The bread, pastry, &c., made with this flour are very light and sweet, and the making of bread becomes very simple. The process appears to us to be one of great value and importance.

## FARR TESTIMONIAL FUND.

*To the Editor of* THE LANCET.

SIR,—I am desired by the Committee for the Farr Testimonial Fund to request your further valuable assistance by publishing in your next issue the enclosed Second List of Subscriptions to the Fund.—Faithfully yours,

Aug. 2nd, 1880. NOEL A. HUMPHREYS, *Hon. Sec.*

Amount already published, £556 6*s.*

| | £ | s. |
|---|---|---|
| Gull, Sir Wm. W., Bart. | 10 | 0 |
| Latham, Balwin, C.E. | 5 | 5 |
| Lord Ebury | 10 | 10 |
| Fassie, W., C.E. | 2 | 2 |
| Watsall, J. W. | 1 | 1 |
| North, S. W. (M.O.H.) | 1 | 1 |
| Richardson, B. W., F.R.S. | 5 | 5 |
| Field, Rogers, C.E. | 5 | 5 |
| Hubbard, Rt. Hon. J.G., M.P. | 10 | 10 |
| Robinson, M. K., M.D. | 2 | 2 |
| Pagliardini, Tito | 1 | 1 |
| Ligertwood, Thomas, M.D. | 1 | 1 |
| Buchanan, George, M.D. | 3 | 3 |
| Montefiore, Nath. | 10 | 0 |
| Ransome, Arthur, M.D. | 2 | 2 |
| Vian, W. J. | 1 | 1 |
| White, Joseph, F.R.C.S. | 2 | 2 |
| Guy, Wm. A., M.B., F.R.S. | 10 | 10 |
| Longstaff, G. B., M.B. | 20 | 0 |
| Tyndall, John, D.C.L., F.R.S. | 5 | 5 |
| De la Rue, Warren, F.R.S. | 5 | 5 |
| Harrison, J. Thornhill | 1 | 1 |
| Lord Mount Temple | 5 | 0 |
| Harcourt, A. Vernon, F.R.S. | 1 | 0 |
| Tayler, J. E. | 2 | 2 |
| Smith, Protheroe, M.D. | 2 | 2 |
| Kent, C. | 1 | 0 |
| Liddle, John | 2 | 2 |
| Smith, Robert Mackay | 2 | 2 |
| Wilkinson, Thomas Read | 2 | 2 |
| Sprague, Thomas Bond | 5 | 5 |
| Spalding, Samuel | 5 | 5 |
| Messent, John | 2 | 2 |
| Lovegrove, Natalie | 5 | 5 |
| Welton, Thomas A. | 2 | 2 |
| Christison, Sir R., Bart., M.D. | 5 | 5 |
| Rivers, Major-Gen. A. Pitt | 2 | 2 |
| M'Kewan, William | 3 | 3 |
| Gibbs, George S. | 2 | 2 |
| Darwin, Charles, F.R.S. | 5 | 5 |
| Bourne, Stephen | 1 | 1 |
| Jamieson, Patrick | 0 | 5 |
| Smith, Colonel J. S. | 2 | 2 |
| Hill, Frederic | 1 | 0 |
| Philip, George | 5 | 5 |
| Winch, W. R. | 2 | 2 |
| Cleghorn, J. | 2 | 2 |
| Copperthwaite, W. C. | 2 | 2 |
| Goodman, J. D. | 2 | 2 |
| Russell, J. A., M.B. | 1 | 0 |
| Hodge, W. B. | 5 | 0 |
| Mocatta, F. D. | 5 | 5 |
| Albright, Arthur | 2 | 2 |
| Willans, J. W. | 1 | 1 |
| Beddoe, J., M.D., F.R.S. | 1 | 1 |
| Thomas, C. J. | 1 | 1 |
| Blower, Benjamin | 1 | 1 |
| Sanders, W. R. | 5 | 5 |
| Baines, Mrs. M. A. | 3 | 0 |
| Armitage, T. R., M.D. | 2 | 2 |
| Clark, Sir John | 2 | 2 |
| Lord Napier of Magdala | 3 | 3 |
| Bunyon, Charles J. | 2 | 2 |
| Bayley, John | 2 | 2 |
| Windeatt, John | 1 | 1 |
| Paget, Joseph | 1 | 0 |
| Andrew, J., M.D. Oxon. | 2 | 2 |
| Greig, John A. | 1 | 1 |
| Balfour, Gen. Sir G., M.P. | 5 | 5 |
| Brennan, A. | 2 | 2 |
| Scott, Executors of Russell | 25 | 0 |
| Brind, F. W. | 5 | 5 |
| Duke of Devonshire | 20 | 0 |
| Morley, Samuel | 10 | 10 |
| Williams, C. J. B., M.D., F.R.S. | 5 | 5 |
| Barrett, T. B., M.R.C.S. | 1 | 1 |
| Nightingale, Florence | 10 | 10 |
| Farmer, James | 1 | 1 |
| Darwin, G. H. | 2 | 0 |
| Homersham, T. C. | 5 | 5 |
| Aitkin, Wm., M.D., F.R.S. | 1 | 1 |
| Baylis, C. O., M.D. | 1 | 1 |
| Palgrave, R. H. | 5 | 5 |
| Welsh, J. Kemp, J.P. | 5 | 5 |
| Bratton, J. | 1 | 1 |
| Anderson, E. G. (Mrs.), M.D. | 2 | 2 |
| Macpherson, H. M. | 2 | 2 |
| Brodie, Sir B. C. | 3 | 3 |
| Hannyngton, Major-Gen. | 3 | 3 |
| Singer, C. Douglas | 5 | 5 |
| Buchanan, Andrew, M.D. | 2 | 2 |
| Sanderson, J. Burdon, M.D., F.R.S. | 2 | 2 |
| Lawson, Insp.-Gen. Robert | 3 | 3 |
| Prestwich, Joseph, F.R.S. | 2 | 2 |
| Bowles, R. L., M.D. | 2 | 2 |
| Crothers, R., M.D. | 1 | 1 |
| Hendriks, Frederick | 2 | 2 |

The Committee requests that further subscriptions may be paid direct to Messrs. Martin and Co., bankers to the fund, 68, Lombard-street, E.C., or to the Honorary Secretary, Mr. Noel A. Humphreys, General Register Office, Somerset House, London, W.C. All cheques or post-office orders should be crossed "Martin and Co."

# THE LANCET.

*LONDON: SATURDAY, AUGUST 7, 1880.*


THE reports of the deputation of representatives of the British Medical Association, on the subject of medical reform, of their interview with Earl SPENCER and Mr. MUNDELLA, are of a character to warn medical reformers that the work which has been well begun by a Conservative Ministry, is in strange danger of being abandoned by a Liberal Administration, which is without a *raison d'être* if it abandons the task of putting wrong things right. It is a novel and curious thing in history to hear a man of Mr. MUNDELLA'S stamp speaking comfortably to the enemies of improvement, and very discouragingly to the friends of progress and beneficial change. If we might venture to give Mr. MUNDELLA a little advice—we know the low esteem in which gratuitous advice is generally held—it is to abandon this *rôle* at once. He plays it badly. Words of cold discouragement to those who have brought a reform movement to the very verge of success come with doubtful grace from him. He should leave them to others, though in the ranks of the Conservative camp there could scarcely be found a man to make the representations which he made to the deputation of the British Medical Association on Saturday. The profession knows Mr. MUNDELLA well enough to believe that he did not intend to act so. But whatever he intended, this is the result, and his answer in the House of Commons to Mr. ERRINGTON, and his remarks to the deputation, have filled every opponent of medical reform with new hope that the long-delayed and much-needed Amendment of the Medical Acts is going to be indefinitely postponed. What will happen next? Mr. MUNDELLA speaking comfortably to the defenders of old corporations, and of a useless, wasteful, costly Medical Council! The times are out of joint. We shall soon hear of Dr. ANDREW WOOD among the Radicals of Edinburgh, presiding at a banquet to celebrate the defeat of the House of Buccleuch and the reign of Mr. MUNDELLA.

But let us analyse a little more closely the reply given by Lord SPENCER and Mr. MUNDELLA to a deputation asking, most reasonably—though perhaps at an unseasonable time—that a piece of reform commenced by the late Conservative Ministry should be completed by the present Government. Lord SPENCER spoke of the difficulty of the question of medical reform, and of the opposition which measures to promote it excited: "Measures of this kind appear to create very considerable difficulty and opposition," and "unless there is something like general concurrence of the medical profession in England, I do not think it would be wise to attempt it." Lord SPENCER would surely admit that no measures worth passing are ever passed without "considerable difficulty and opposition"—certainly not by a Ministry in which he has so proper a place, both on personal and hereditary grounds. As regards the "general concurrence of the profession," which he requires to see in order to justify the Government in undertaking the measure—this is the very state of matters that exists. There is not only general concurrence, but almost absolute unanimity. It would be impossible to find a profession more "agreed" than ours on the simple and urgent points of medical reform—(1) consolidation of the examining boards, and (2) a Medical Council representing the profession and capable of carrying out with authority its own decisions. On the one side of this question is the profession—agreed, harmonious, unanimous; on the other, are nineteen competing, interested, and in a few instances perfectly antiquated bodies, which have outlived the circumstances in which they were required, and even a few of these are on the side of reform, or prepared to accept what they know to be inevitable. But—and here we come to Mr. MUNDELLA—the Vice-President tells us, as an argument against the Government settling this question, "the existing examining bodies have a number of representatives in the House of Commons, and unless there can be some common agreement among the profession, it is utterly impossible for any Government, however strong, to carry it out. I find Medical Bills always defeated by the action of medical men themselves." Surely Mr. MUNDELLA, when the recess comes and he has time to think over these strange representations, will regret them. We did not know that the examining bodies had representatives in Parliament, except the Universities, which we cannot suppose will at the last oppose changes recommended by a Select Committee. But even if it be so, even if Dr. PLAYFAIR and other university representatives are putting the drag on, which we do not believe, has the great medical profession no representatives in Parliament? Let Mr. MUNDELLA give the answer. "They have always defeated medical Bills." If they can defeat Bills, they can, with the help of a good Government, pass Bills. They have defeated Bills simply because the Bills have never pretended to do what, in the unanimous judgment of the profession, needed to be done. Let the Government now in power complete the investigation two-thirds accomplished, and bring in a Bill dealing with the whole question, and it will find the profession has representatives in Parliament as well as the examining bodies, and a great question will be well settled, with credit to the Ministry that helps to settle it.

---

ALTHOUGH in some of the lower animals it has been shown that the spinal cord, after division, may reunite, all attempts to obtain this result in the case of dogs have hitherto failed. It is possible that this is to be ascribed to the age of the animals on which the experiments were performed. EICHORST, experimenting upon very young dogs, has succeeded in obtaining union of the cord and partial restoration of function, in a comparatively short space of time. Although successful in only one case, the particulars of the experiments are of much interest.

In three young dogs the spinal cord was divided between the lower part of the dorsal and upper part of the lumbar regions. Immediately after the operation there was, of course, complete motor and sensory paralysis of the parts supplied from the cord below the section, and vigorous reflex movements could be obtained. The wounds were treated on strict antiseptic principles, but thymol was employed instead of carbolic acid, on account of the action of the latter on the nerve-tissues. The first animal experimented on died in twenty-one days, without any return of

voluntary power or of sensation in the paralysed parts. The post-mortem examination showed that there had not been the slightest attempt at regeneration of the divided cord. The ends were three millimetres apart, and were united by a grey translucent gelatinous substance which was in intimate organic connexion with each extremity. This intermediate tissue consisted of large round cells, containing nuclei which were deeply stained by carmine, and a finely granular interstitial tissue which could be resolved, by a high magnifying power, into clear granules and fibres. There were numerous capillary vessels, the proper wall and adventitial sheath of which were permeated with elongated oval nuclei. Nowhere could any trace of nerve-elements be discovered. It was a cicatricial tissue closely analogous to that of the neuroglia. The nerves of the lower extremities presented no structural alteration.

In a second dog operated on in the same manner, a return of voluntary movements commenced at the end of the fourth week. The dog became able to stand, sit, and finally to run 180 feet without interruption, although its movements were distinctly ataxic. Sensibility, however, remained absent. The animal was killed on the thirty-fifth day. A greyish substance, somewhat flattened from before back, had restored the continuity of the cord. That part corresponding to the anterior and lateral columns already presented a medullary aspect. The nerves and muscles of the lower extremities were normal. Microscopical examination of the new tissue in the cord showed it to be permeated by tracts of nerve-fibres, running from above downwards, of which most possessed a medullary sheath. Many of the fibres presented nuclei which had the aspect of being pressed into the fibres from their surface. Non-medullated nerve-fibres were less abundant, and showed a tendency to a varicose condition. The two kinds had no regular distribution. The interstitial connective-tissue presented cellular elements, colouring deeply with carmine, and provided with processes. Besides these, there were two very large cells with double contoured nuclei and large processes, but whether nerve-cells or connective-tissue elements it was impossible to say.

In the third dog, although it lived for 131 days after the operation, there was no renewal of the motor or sensory functions, nor was there any restoration of the continuity of the cord. The extremities were two millimetres apart. In neither animal was there any secondary degeneration in the cord.

---

LET us go aside awhile, out of reach of the heart- and head-aching din, and the acrimonious disputation about the "nursing system" and "hospital management" at Guy's, and try to discover the principles involved, or at stake, in the contention. What makes it especially important to do this is the fact that whereas the grand engagement at a Metropolitan hospital is just now the centre of interest, the conflict on this particular field is only one episode in a campaign on the final issue of which the best interests of the sick poor, and of medicine as an art, if not also as a science, depend. We may tell the Governors of hospitals generally that Medicine has made the hospitals, and, if they think to succeed in rendering the simply administrative element, however philanthropic, the foremost feature in these establishments, they are mistaken, and not only in error, but engaged in a ruinous enterprise, which is neither to be tolerated nor endured.

Hospitals are not charities to which Medicine contributes something, but, in a special sense, *medical* charities. Nor does medical aid consist of two parts, as certain members of the lay public would seem to suppose. It is not a combination of medicine and nursing, or nursing and medicine. The whole charity from first to last is *medical*. The sick poor are taken away from their homes, and are placed in an establishment which is—or should be—constructed and administered with a single eye to the complete and rapid cure of the cases admitted to its benefits. It is an engine of "cure," and the engineer should be—must be—an expert in the art of curing. This is the principle of the hospital system, and it is this which is at stake in the dispute. The lay governors of hospitals are trying to make these institutions houses of charity, and to treat the medical business as auxiliary! They wish to take charge of the sick poor and to nurse them, with or without the advice of the medical faculty; a corps of women who, in the energy of their discontent at the natural subordination of their sex, have seized on nursing as a sphere for the vent of their emotional natures—being the agents of this lay "sick-tending." The physicians and surgeons of the various hospitals are, forsooth, to be reduced to the level of practitioners called in by the governors to *advise* as to the treatment of their—that is the governors'—patients. It is well to state this plainly and clearly, and to let it be understood, in a cool moment of reflection, without the irritation produced by that special conflict of opinion which must occur in connexion with any particular case. Divested of personal attributes and considerations, the simple facts are as we have stated them—Hospitals are *not* homes for the sick, with medical advice as an adjunct; but institutions wholly medical in their character and purpose, and, therefore, they must be under direct medical control. We are not prepared to endorse or approve any half-measure or schemes whereby the medical faculty of a hospital is under grace of the lay governors to be allowed a muffled voice in the administration. Medicine must be paramount. If the present governors of these medical charities, the name and fame of which have been wholly made by the medical men connected with them, are not prepared to carry on the institutions in which they have a little brief authority on this footing, they must be taught by the logic and force of facts that these, and these only, are the terms upon which the medical profession will continue to regard the hospital as an appliance of *its* work and *its* charity.

We may seem to take high ground. We do so deliberately and after mature and even slow deliberation. The time has come to step outside the special circle of this dispute at Guy's, and appeal to the medical profession as a whole to declare itself on the question at issue. Without such action in concert as we now advise and invite, it is apparently impossible to make the matter clear to the governors of hospitals, who would seem to be, strangely, in the dark as to their actual position in relation to these charities. It has long been painfully evident that the committees of hospitals do not recognise the men who give time and skill to the service of a charity as among its principal contributors. The vulgar estimate of gold—as of higher value than money's-worth in

brains and power—pervades the councils of men who are simply the trustees of the money bequeathed or subscribed by the public for the cure of disease. That money has been left, or is given, to enable the medical profession to carry out its beneficent work as a body expert in the art of healing. The funds collected must, in common sense and fitness, be administered as the medical faculties of the hospital, the representatives of the profession in this matter, desire.

This should be self-evident; but let us look at the question in another way. The object is to cure, and the nursing of a patient is an integral part of his medical or surgical treatment. How then can it come to pass that intelligent and reasonable men presume to think they can fulfil the conditions of their trust by separating nursing from the rest of the treatment, and affecting to take it under *their* control? For ourselves, we must be excused for feeling some reluctance to intervene in this matter. We cannot help seeing the hand of NEMESIS in these differences and disputes between the governors of hospitals and medical gentlemen all over the country. It was a short-sighted as well as a scientific blunder to sanction the introduction of independent nursing sisterhoods into hospitals. What the true interests of the sick require is not the presence of misguided "ladies" hovering round their beds and taking every "opportunity" to proselytise, but a fair number of women of their own class, trained to do their business as nurses, humbly and honestly, at the bidding of the medical officers. How would it be if the dispensers of drugs were to decline the "modest" duty of making up the prescriptions given by the staff, and take to prescribing on their own account, being supported in their presumption by the governors? The creation of a class of "sisters" who are above the rank of nurses has been a mistake, and we are now reaping the consequences. Apart from this view of the facts, however, there is that which we have already propounded and trust to see debated temperately and quietly by members of the profession whose names will have weight. It is a great question, a practical and pressing one. Nothing but good can come of its being fully and freely discussed.

# Annotations.

"Ne quid nimis."

## THE ILLNESS OF MR. GLADSTONE.

THE illness of Mr. Gladstone is a matter of huge public interest, and will be a sufficient excuse for us giving some medical particulars of it, and trying to get some lessons out of it. For a week or more before any decided symptoms declared themselves, Mr. Gladstone was showing signs of fatigue, and not looking well. On the night of Friday, the 30th ult., while dining with Lord Frederick Cavendish, he was attacked with rigors, and had to leave the dinner-table. After awhile he recovered, and went to the House, fortunately to find that it had just been counted out. On the Saturday Mr. Gladstone had another severe rigor, and Mrs. Gladstone went for Dr. Clark, who returned with her, and was fortunately just in time to see his distinguished patient descending the stairs, muffled up to the eyes in the collar of his great coat, and looking exceedingly ill, but on the point of joining the meeting of the Cabinet. Dr. Clark finding a temperature of 103°, and all the indications of an acute and critical illness, had to tell the Premier that he must not attend the Cabinet. Mr. Gladstone is an eager man, but he knows the value of medical opinion, and submitted promptly. It is serious to think how much worse matters might have been had his keen sense of duty not been qualified by finding the House counted out on Friday, and by the opportune arrival and firmness of Dr. Clark on Saturday. Beyond rigor, high temperature, and the feeling and look of illness, there were no other marked symptoms. The pulse was quickened, but never exceeded 90, and was generally only 80, being, we believe, ordinarily steady and slow, even under animating and exciting conditions. Dr. Clark found, at his first visit, slight crepitation at the base of the left lung posteriorly, which, at subsequent visits, varied strangely in position, and suggested some septic element in the case. The facts continued much the same for several days without any marked development of the physical signs of pneumonia. For a day or two the temperature underwent a considerable remission in the morning—a fact which, in the absence of decided lung symptoms, gave a typhoid aspect to the facts. At intervals there were very profuse perspirations, which at first were attributed to the action of medicines, but which continued in the absence of medicines, and proved part of the natural history of the case, which may be regarded as a *febricula*, or short fever, occasioned by a chill. On Monday, at Dr. Clark's own suggestion, Sir William Jenner was called in and saw Mr. Gladstone. Occasionally, as on Sunday, the temperature fell even below 100° for a short time, but only to rise again in the evening. So late as Wednesday morning the fever facts were curious. At nine in the morning the temperature was 101°, and within an hour it had risen to 103°. In the afternoon it had fallen to 99°, and has not risen since, a drenching perspiration having happened before the fall. The treatment has consisted chiefly in absolute quietness and judicious support of the system; stimulants were carefully used, but not found helpful.

We cannot, speaking medically, acquit Mr. Gladstone altogether of the charge of having recently neglected to remember that even his powers have a limit; but it is to be said, to the credit of his judgment, that he has been a most submissive patient, and, to the credit of his splendid and well-preserved constitution, that he has passed through a testing illness without the slightest sign of failure in the great vital organs, and in a way to justify the hopes of his countrymen that he will, with a little more consideration for his physical needs, be long spared to play his conspicuous part in the councils of the nation. No illness since that of the Prince of Wales has produced such profound and universal anxiety. Mr. Gladstone will have the most refined sense of this interest, and cannot better recognise it than by taking a little more care of himself.

## ROYAL COLLEGE OF SURGEONS.

AT the last examination for the diploma of membership of the College, which was brought to a close on Friday, after a fortnight's work, two hundred and thirty-eight candidates had been examined, of which number no less than ninety-two failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to their studies for six months. Some of these young gentlemen have had considerable experience of these collegiate examinations, many of them having paid their respects to the examiners from twice to five times. Thirteen candidates passed in Surgery, and when qualified in Medicine will be admitted members of the College. Sixty-two of the 238 candidates held a recognised medical diploma or degree, and therefore had not to undergo another examination in Medicine; of these, 39 held the L.S.A., 7 M.B. Edin., 3 L.R.C.P. Edin., 2 M.B. Aberd., 2 M.B. Cantab.,

2 L.R.C.P. Lond., 1 M.B. Dub., 1 M.D. Malta, 1 M.B. Toronto, 1 M.B. Durham, 1 M.D. Berlin, 1 M.D. Paris, and 1 M.D. Ohio. The examinations for the present session have now been brought to a close, and before the next meeting of the Court a new member will have to be elected by the Council, in the vacancy caused by the resignation of Mr. Frederick Le Gros Clark, F.R.S. Mr. Clark was admitted a member of the College February 15th, 1833; elected one of the Honorary Fellows December 11th, 1843; a member of the Council in 1864; Professor of Human Anatomy and Surgery in 1867; a member of the Court of Examiners in 1870; of the Dental Board in 1872; and in 1874 the highest distinction the Council could confer—that of President of the College; and in 1875 Hunterian Orator; and well performed his duties as a member of Committees.

## CONVALESCENT HOMES.

THE report by a Special Committee of the Charity Organisation Society on Convalescent Homes is a good illustration of the work of that much-abused though very useful society, and is well worth a study by those who wish to help judiciously the cause of such institutions. The report, with the accompanying catalogue, can only have been constructed with great labour, though it may be consulted with great ease. The charity that labours and takes trouble is almost more rare than the charity that gives. Many a person will fling a guinea to an institution who will decline to attend an annual meeting to investigate how the guineas are spent, or to visit the house of an applicant for his hospital letter to judge of fitness and to give a personal character to charity. The Charity Organisation Society has shown more of the disposition to take trouble than to give money. It has even gone to the verge of severity in its investigation and judgment of individual cases and charities, and in the exposure of that want of co-operation and of system which is so very injurious both to the patients needing help and the institutions which have help to give. The fear of imposition and the keen eye for unworthiness in the Charity Organisation Society have been more conspicuous even than the desire to help, as the latter is more conspicuous in individuals than the former. We want, however, both qualities if we are to make a successful effort to increase self-respect and diminish a vicious pauperism. We commend this report to the study of that large section of society who regard the Charity Organisation Society with at least coldness. They will get from the report much information, very carefully classified, concerning more than 150 convalescent homes, and will see some useful suggestions by the Special Committee for developing yet more the methods of furthering the convalescence of patients whose means are apt to be exhausted just as the wants of convalescence assert themselves. We are glad to notice and to corroborate two or three conclusions of the Committee. One is in favour of more accommodation for medical and surgical advice in Convalescent Homes than at present exists, for in many of them it is taken for granted that the convalescent requires no more medical or surgical attendance. They direct attention to the evil of long waiting for letters. This is a most painful and faulty feature of the present system. Patients are kept waiting weeks or even months for admission, and in doing so lose ground, and sometimes hope. What makes this more unsatisfactory is that we are never quite sure that the beds are fully occupied. The Committee kindly suggest that the offices of the Council be used for the present as an office for information regarding vacancies, conditions of admission, railway fares, &c. As we have said, a wonderful amount of information is given in the catalogue, under eighteen heads. There is need for one or two columns more. One great difference among Homes is the diet allowed to patients. The Committee suggest drawing up rules on this and other hygienic questions. They would do great service by directing attention to such subjects, if not inserting in a column the diet-table of each institution. We cannot leave this subject without commending Convalescent Homes to the sympathy of the charitably disposed. At this season of the year, when the healthy and the wealthy are making provision for the just enjoyment of their blessings, nothing will more enhance their pleasure than the feeling of having helped to put a change of air and a generous diet within reach of one who has been shattered with illness.

## BRITISH MEDICAL ASSOCIATION.

THE forty-eighth annual meeting of the British Medical Association commences on Tuesday next, at Cambridge. The president elect is Professor Humphry, and the addresses in medicine, surgery, and physiology are to be delivered respectively by Dr. Bradbury, Mr. Timothy Holmes, and Professor Michael Foster. We may anticipate a valuable address from Dr. Foster. The officers of the various sections have been wisely selected, the presidents being Dr. Paget, Mr. Savory, Dr. Playfair, Dr. Acland, Dr. Crichton Browne, Dr. Rutherford, Sir James Paget, and Mr. Bowman. Mr. Lister is to open a discussion on the treatment of wounds, and Sir Henry Thompson is to introduce the subject of stricture of the urethra. Hysterical anæsthesia, asthma, uterine hæmostatics, the removal of uterine tumours by abdominal section, the general working of the Public Health administration in Great Britain and Ireland, the diseases communicable to man from diseased animals when used as food, the influence of alcohol on the causation of insanity, the formation of urea in the body, sleep, hypnotism, the influence of injuries and morbid conditions of the nervous system on nutrition, the relation of micro-organisms to disease, and the nature of glaucoma are other subjects to be specially discussed in the various sections; some of them at any rate, are sufficiently well-worn, if not threadbare. There will also be the usual festivities which are the special feature of these annual gatherings, and as Cambridge has so many attractions, and is within easy reach of London, we may expect a large attendance of members.

## DANGEROUS TOYS.

A PLENTIFUL and cheap supply of toys will, it is generally considered, contribute to the happiness of children and the tranquillity of their parents. The recent action of the authorities in Paris suggests, however, that this result may not always be ensured. A toy producing the symptoms of lead-poisoning is not so conducive to the diversion of children and the peace of their parents as the Parisian itinerant vendor of these wares would have us believe. A number of boxes, loaded with toys, painted in brilliant colours, elastic balls coloured and varnished, lead soldiers in every variety of uniform, have been seized by the French police. It has been proved that the colour would easily come off, particularly if the children put the toys to their mouths, a habit which seems inherent in every child's nature. These playthings, painted with poisonous colours, had been imported from Fürth, in Bavaria, and a committee of the manufacturers of that town have recently held a meeting on this subject. A circular was at once issued to all the toy manufacturers, urging them to use non-poisonous paints, and reminding them that according to the German law they had exposed themselves to penalties—fines and imprisonment. The *Gesundheit* of Frankfort justly remarks that but for the repressive measures adopted in Paris the German authorities would still neglect to enforce the German law. This apathy, according to the German papers, is all the more reprehensible as the Fürth manufacturers send their toys all over Germany, and may therefore poison

the children of the fatherland as well as the little Parisians—a consideration which, in the Teutonic mind, must greatly accentuate the gravity of the question. To us the matter is not less serious. It is well known that the majority—in fact, nearly all—of the cheap toys sold in England are imported from Germany, and we regret that it is to the Parisians rather than to the English authorities that we must attribute the honour of seizing these dangerous playthings. We trust that no time will be lost in following this excellent example, and that a more strict watch will be kept to prevent the importation from abroad of poison for the nursery.

## PATHOLOGICAL SOCIETY OF LONDON.

A "LIST OF DESIDERATA," drawn up by the Council of the Pathological Society, has just been printed and circulated among the members. It is issued in the belief "that it may prove useful in guiding the work of the Society. It is not intended in the least to restrict the spontaneous action of members, or to limit its scope." "The Council desires to gain for certain subjects that kind of elucidation which can be secured only by the abundant production of carefully examined facts." The plan of showing certain specimens "by card," which worked well last session, is to be continued, and the Council suggest "that, as a rule, any specimens exhibited simply in proof or illustration of a definite statement may be shown by card, whilst those which are more doubtful, which require explanation, and concerning the real nature of which differences of opinion may arise, had better be brought before the meeting *viva voce*." The "List of Desiderata" will probably be revised and reissued annually, and the Council will be glad to receive suggestions concerning it. The present list is a long one, and is evidence of the vastness of the field of pathology still unexplored.

## THE MICROSCOPIC EXAMINATION OF WATER.

THE chemical examination of water leaves, as is well known, much to be desired from a sanitary point of view. It informs us of the condition with which organisms may be associated, but gives no information as to the presence of organisms. The microscope, as at present used, reveals only the coarser forms of animal life, and those only with uncertainty. M. Certes has endeavoured to ascertain how far it can be made to yield information of more direct value. The discovery of the microscopic organisms has hitherto been very much a matter of chance. Patience and skill are even of slight help. Fortunately, however, certain chemical reagents kill these organisms without changing their appearance; osmic acid is of especial value for this purpose. Once destroyed, they sink to the bottom, and, if enough of the liquid has been employed, they may thus be collected in appreciable quantity. The value of this method is shown by the following experiment:—If a test tube be broken, and the water it contained is contaminated by dipping in it the extremity of a rod which has been placed in an infusorial liquid, and it is then treated with osmic acid, the organisms will be found intact, and with readiness, by the aid of the microscope.

In the examination of water M. Certes employs a one and a half per cent. solution of osmic acid. One cubic centimetre of this solution will suffice for thirty or forty cubic centimetres of water, all animal and vegetable organisms being by it rapidly killed and fixed. In a few minutes, in order to lessen the blackening action of the osmic acid, as much pure water, as the test tube will hold, is added. In certain waters rich in organisms the microscopical examination may be made in a few hours. If the water is comparatively pure, twenty-four or forty-eight hours must be allowed to pass. The liquid, with the exception of the last one or two centimetres, may then be decanted. The detection of the organisms in the residue is facilitated by the employment of colouring agents, such as Ranvier's picrocarminate, methyl violet, logwood, &c. It is always well to introduce the colouring agent mixed with glycerine; the organisms are thus better tinted, and can, if desired, be better preserved.

## THE BIRMINGHAM AND MIDLAND EYE HOSPITAL.

THE annual meeting of this institution was held on July 24th, when the medical report was read by Mr. E. Cheshire, the Senior Surgeon. It showed that the number of patients was upwards of 1000 more than during the preceding year. The Chairman, Mr. W. S. Dugdale, adverted to the increasing popularity and usefulness of the charity, and urged on the governors the desirability of a speedy reconstruction and extension of the present building, as it was far from equal to the present demands on its accommodation. Others followed in the same strain, and it was ultimately resolved that immediate steps should be taken to carry the Chairman's suggestions into effect. The opposition on the part of the Town Council to the further use as a hospital of the present building, was not mooted at the annual meeting. The general opinion of the governors present seemed to be in favour of utilising the present building exclusively for in-patients, after rendering it in every way suitable to the modern requirements of an Ophthalmic Hospital, and to provide elsewhere a commodious out-patient department.

## MEDICAL COLLEGES IN INDIA.

THE total number of students entered at the Calcutta Medical College at the commencement of the session inaugurated on June 15th last was 277, against 299 and 281 in the two previous years. The falling off in number has been attributed in great part to the elevation of the standard of preliminary education and the removal of the secondary classes. The Madras Medical College, on the other hand, appears to have experienced a season of increased prosperity during the year ending June 30th, 1880, the day on which the distribution of prizes, &c., took place. The report read by Dr. King, Principal of the College, showed that at the beginning of the forty-fourth session the names of 228 students were on the books, being 44 more than in the previous session, 47 of the total number being new entries. A corresponding increase in the strength of the teaching staff was considered necessary. The cost of the establishment had been 43,330 rupees, towards which 5920 rupees were contributed as students' fees. Surgeon-General Cornish, who presided on the occasion referred to, in the course of his address announced his intention of offering an annual prize of 100 rupees for the best reports of surgical cases treated in the Madras General Hospital.

## THE CASE OF MR. BUNCOMBE.

MR. BUNCOMBE, medical officer of the Infirmary of the City of London Union, surrendered at the Central Criminal Court on August 3rd to take his trial upon a coroner's inquisition of a charge of manslaughter, arising from the murder of an inmate of the infirmary by David Salewskal, a Russian, who was insane. Mr. Poland, with whom was Mr. Montagu Williams, appeared for the Public Prosecutor, and stated that it was found there really was no evidence to support the charge, and that he had come to the conclusion that no bill should be preferred. Mr. Justice Hawkins concurred in this course being taken. He said it was clear that the coroner's inquisition could not be supported, made strong remarks upon the informal manner in which Mr. Buncombe had been sent before the court, and expressed his opinion that no imputation rested upon him, but that his conduct had been most kind and considerate.

## DEATH CERTIFICATION BY MIDWIVES.

MR. HUMPHREY commented strongly lately on the circumstances attending the death of an illegitimate child, which died an hour and a half after its birth, but was certified by the midwife to have been *stillborn*. A medical man was called in after death, but, of course, could not certify. He communicated with the coroner, who very properly issued his warrant for an inquest. But his inquiry was forestalled and frustrated by the easy method of the midwife certifying that the child was stillborn. It is very wrong that midwives should have the power of certifying even to *stillbirth*. But it shows great carelessness on the part of the parish authorities to have buried in such a case as this. The midwife even was not present to explain the case and her conduct—viz., the certifying of a child as stillborn which had lived an hour and a half,—which seems worthy of the attention of the Registrar-General. The coroner should have applied to the Home Secretary to order the exhumation of the body.

## DEATH OF BRIGADE-SURGEON W. R. STEUART.

WE regret to announce the death, on the 26th ult., at Dover, of Brigade-Surgeon William Ramsay Steuart, of the Army Medical Department. Mr. Steuart was gazetted an assistant-surgeon in August, 1854, shortly after which he was ordered to the Crimea, where he remained till the fall of Sebastopol, receiving for his services the war medal and clasp, and the Turkish medal. He was promoted surgeon on March 9th, 1867; surgeon-major in August, 1874; and was one of the officers selected by the Director-General for the new rank of brigade-surgeon a few months ago. Mr. Steuart's death was extremely sudden, and was due to apoplexy. He leaves a widow, but no children, to lament his loss.

## THE VACCINATION BILL.

THOUGH this Bill is not yet formally withdrawn, the opinion prevails that there is no chance of its being proceeded with this session.

THE dinner of the Edinburgh Graduates' Club was held on the evening of Monday, the 2nd inst. (capping day), at St. James's Hall, Piccadilly; Dr. James Grey Glover in the chair. The attendance was good, and included the Rev. Dr. Allon and Col. Arthur, Dr. John Muir, Dr. Mortimer-Granville, Dr. Smiles, Dr. Holman, Dr. George Harley, &c., &c. A very interesting series of speeches were delivered by the chairman and others. In the course of his remarks on the subject of medical education in Edinburgh, Dr. Glover communicated the statistics showing the large national and imperial work done by the university. During the proceedings a congratulatory telegram from Professor Rutherford was read.

THE falling off in the funds of the Metropolitan Drinking Fountains Association, as announced in the report of the institution, is greatly to be regretted. Few enterprises have contributed more to the health and comfort of man and beast in the metropolis than the one which has supplied the thirsty traveller and the jaded animal with a refreshing draught; and we trust the means at the disposal of the Association will not be suffered to remain below the requirements of the benevolent object held in view.

IT is stated that Mr. Lister, F.R.S., has declined to be put in nomination as a member of the Board of Examiners in the vacancy occasioned by the retirement of Mr. F. Le Gros Clark, and that in all probability Mr. Christopher Heath, a member of the Board of Examiners, will be elected, in which case he will resign his seat at the Board.

THE Government of France have placed 50,000 francs at the disposal of M. Pasteur in aid of his researches on contagious diseases of animals.

MR. AUGUSTUS PREVOST has been appointed treasurer of University College Hospital in succession to the late Mr. Edward Enfield.

# Public Health and Poor Law.

## LOCAL GOVERNMENT DEPARTMENT.

### REPORTS OF MEDICAL OFFICERS OF HEALTH.

*Sturminster Rural Sanitary District* (estimated population, 11,208).—Mr. J. Comyn Leach's report for this district for 1879, as the report for the year before, 1878, is of so favourable a character as, to use his own phrase, to be "uninteresting from a sanitary point of view." We are disposed to cavil at the phrase, and to take more interest in reports that give indications of steady amendment in the health of a locality than in reports that are characterised by illustrations, usually fatal, of the mischievous effects of unhealthy conditions. It is desirable that sanitary authorities should learn that uneventful reports are the reports most to be coveted, as setting forth the goodness of their own efforts and the efforts of their officials. Sturminster (Rural) had in 1879 a birth-rate of 24·7 per 1000 population, and a death-rate of 15·7—the lowest death-rate observed since the organisation of the district under the Public Health Act, 1872. The lowered death-rate was particularly observed among infants, and as this was not to be accounted for by an exceptionally small mortality from diarrhœa, Mr. Leach hopes that the instructions to parents for the better management and feeding of infants issued by the Authority may be considered to have been a not unimportant factor in bringing about this result. Consumption appears to have been the most conspicuous of the causes of death in the district during the year, and Mr. Leach takes occasion of this to point out the influence of damp dwellings, unwholesome surroundings, and overcrowding, in fostering disease, and to urge the necessity of improved drainage, ventilation of dwellings, and increased cottage accommodation in the district. Two deaths from diarrhœa (in both instances in conjunction with other ailments), and one from whooping-cough, were alone registered as arising from the miasmatic order of zymotic diseases.

*St. Asaph Rural Sanitary Authority.*—Dr. J. Lloyd-Roberts has to report for this district for 1879 a general mortality differing little from that of 1878. There was some increase of the mortality of infants and children under five years of age, chiefly arising from the prevalence of scarlet fever and whooping-cough. Much sanitary work has been done in St. Asaph, and indications are given of sanitary work in progress and contemplated in other parts of the district. The following observations deserve attention:—"Generally the class of nuisances which have now become prominent by the removal of the more gross ones which were found when the sanitary authority came into existence are those which arise from accumulations in farm-yards and of house-refuse. In a district peculiarly agricultural the former accumulations are to a certain extent a necessity, and can scarcely be brought within regulations to limit them. On farms in many instances the position of the manure heaps might be changed without inconvenience to the farmer, and, with care in storing, their condition and influences might be ameliorated. In villages certainly some method might be introduced by which more frequent removals of night-soil might be effected. Thus ash-closets might replace the common privy; and in effecting a contract with neighbouring farmers to undertake the periodical scavenging of such places, the convenience of such a system of scavenging would be appreciated in many populous places in the district."

### LIBEL ON A MEDICAL OFFICER OF HEALTH.

At the Manchester Midsummer Assizes an action was tried before Lord Justice Bramwell, in which the plaintiff

was Mr. J. Makinson Fox, the Medical Officer of Health for the Mid-Cheshire combination of sanitary authorities. The object of the action was to recover damages for the publication of an alleged libel upon the character and conduct of the plaintiff, as medical officer of health. The defendant was a resident of Lynn, and former member of the Lynn Sanitary Authority, and he had published in the *Warrington and Mid-Cheshire Examiner* a severe, and, as it was alleged, libellous criticism on the conduct and judgment of the plaintiff, in dealing with an outbreak of scarlet fever, using the words, "I ask, would not such conduct, under such circumstances, look something like insanity? And if the children died, as in the case of the ——, one after another, till the whole family of five were swept away, should not such a doctor as we have been supposing be justly regarded in the public opinion of the district as morally responsible for the consequences?" These were the words complained of; and the jury found that they were not a fair and temperate criticism. The Court thereupon gave judgment for the plaintiff, with costs.

Colonel Bolton, in his report on the water delivered by the metropolitan companies during the month, states that that derived from the Thames was generally free from turbidity, as also the water from the Lea, previous to filtration. He states also that the filtration of the several companies was "generally efficient," and adds some observations on the want of a duly authorised and official "standard of filtration." This is an old complaint, but hitherto the companies have evaded any standard of the "effectual filtration" the Act of 1852 requires, and the Government and metropolitan public have connived at the evasion. The chemical qualities of the Thames and Lea waters were fairly good throughout the month, and the deep well water of the Kent Company maintained its usual good character. All the companies are still extending the area of constant supply in their districts.

At the Southwark Police-court the magistrate has inflicted a fine of 20s. and costs upon a woman for having exposed herself in public, by pacing the streets and entering several public-houses, when she had the eruption of small-pox out upon her, and refusing to be taken to a hospital. The case was eventually removed to hospital under a magistrate's order, and the woman when she had been discharged recovered was prosecuted for the exposure. The defendant pleaded ignorance of the nature of the disease and distress in consequence of the loss of a child from small-pox. The plea of ignorance was shown to be inaccurate; the distress was held to be sufficient reason for not requiring the immediate payment of the penalty.

A curious case of nuisance is reported as having been before the Hertford Borough Bench. The nuisance complained of was caused by the offensive effluvium from a pipe used to ventilate the drains of a house, and apparently the sewer with which they communicated. The nuisance was ordered to be abated, but not a word appears to have been said about the state of the drains and sewers out of which the nuisance must have arisen; and it is by no means clear from the case as reported that the nuisance was not in reality caused by defective attention of the Sanitary Authority to the state of its sewers.

The managers of the Small-pox Hospital, Stockwell, have more than once been placed in serious difficulty by the failure of the water supply, which is derived from the mains of the Southwark and Vauxhall Water Company. A recent failure of the supply formed the subject of a discussion at the last meeting of the Metropolitan Asylum District Board, and it was decided to appeal to the Home Secretary on the subject.

Dr. Cameron and others have introduced into the House of Commons a Bill for amending the Public Health (Scotland) Act, 1867, and the Amending Act of 1879, with regard to the special rating of lands and premises where part only of a burgh or town falls within the district of a parochial board as local authority; and with regard also to the alteration or combination of special drainage and water-supply districts.

A butcher in Exeter has been sentenced to six weeks' imprisonment with hard labour for sending unwholesome meat to the London markets. He had been convicted three times before for a similar offence. A grain-merchant of Cockermouth has also been fined for having had the carcase of a cow unfit for food dressed for sale, and the butcher who dressed it has been fined £2.

A report recently made to the Barnsley Board of Guardians on the consumption of stimulants in the workhouse shows that the quantity of spirits consumed last year was less by £50 in money value than in the previous year. Milk, it is stated, has been substituted in great measure for stimulants, much, it is added, to the benefit of the inmates, the death-rate having been lowered. This seems a premature deduction from so short an experience in a small community. An inquiry is to be made into the supply of spirits to outdoor patients.

## VITAL STATISTICS.

### HEALTH OF ENGLISH TOWNS.

Infantile summer diarrhœa was still more fatal last week, and caused a further increase in the rate of urban mortality. In twenty of the largest English towns, estimated to contain in the middle of this year seven and a half millions of persons, or nearly one-third of the entire population of England and Wales, 5174 births and 3353 deaths were registered last week. The births were 11 below, whereas the deaths exceeded by 78, the average weekly numbers during 1879. The deaths showed a further increase of no less than 308 upon the numbers returned in recent weeks. The annual death-rate per 1000, which had been but 19·2, 20·1, and 20·6 in the three preceding weeks, further rose last week to 23·3. During the past four weeks of the current quarter the death-rate in these twenty towns has averaged 21·4 per 1000, against 24·3 and 17·6 in the corresponding periods of 1878 and 1879. The lowest death-rates in the twenty towns last week were 15·1 in Sheffield, 15·2 in Bristol, 15·6 in Bradford, and 19·5 in Nottingham. The rates in the other towns ranged upwards to 24·6 in Manchester, 24·9 in London, 28·3 in Liverpool, and 33·5 in Brighton. The high death-rates in the three last-mentioned towns were mainly due to excessive zymotic fatality, more particularly of infantile diarrhœa.

The deaths referred to the seven principal zymotic diseases in the twenty towns, which had steadily increased from 406 to 636 in the seven preceding weeks, further rose last week to 884. These included 577 from diarrhœa, 133 from scarlet fever, 65 from whooping-cough, and 66 from measles. The annual death-rate from these seven diseases averaged 6·1 per 1000 in the twenty towns; while it was but 0·8 and 1·7 in Bradford and Newcastle-on-Tyne, it ranged upwards to 10·9 and 13·6 in Norwich and Brighton. Scarlet fever was proportionally most fatal in Norwich and Salford, and whooping-cough caused the highest death-rate in Liverpool. Two more deaths were referred to diphtheria in Leicester. Small-pox caused 4 deaths in London (against 3 in each of the two preceding weeks), but not one in any of the nineteen large provincial towns. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had been 200 and 198 at the end of the two preceding weeks, had further declined to 178 on Saturday last; 16 new cases of small-pox were admitted to these hospitals during the week, against 13 and 22 in the two previous weeks. The Highgate Small-pox Hospital contained 9 patients on Saturday last.

The fatal cases of diarrhœa in the twenty towns, which in the six preceding weeks had steadily increased from 51 to 337, further rose last week to 577, of which 350 occurred in London. The annual death-rate from diarrhœa averaged 4·0 per 1000 in the twenty towns; it was equal to 5·0 in London, but did not exceed 3·1 in the nineteen provincial towns. The death-rates from diarrhœa among these towns ranged from 0·5 in Bradford, and 1·2 in Sheffield and Bristol, to 5·3 and 10·2 respectively in Salford and Brighton.

The deaths referred to diseases of the respiratory organs in London, which had been 176 and 161 in the two preceding weeks, rose again last week to 200, and exceeded the corrected weekly average by 42. The annual death-rate from diseases of this class was equal to 2·8 per 1000 in London; it was 3·7 in Liverpool.

### HEALTH OF SCOTCH TOWNS.

In eight of the largest Scotch towns, having an estimated population of rather more than a million and a quarter persons, the annual death-rate, which had been 18·6 and 20·6 per 1000 in the two preceding weeks, declined to 18·4 last week, and was 4·9 below the average rate in the twenty large English towns. The rates in the eight Scotch towns ranged from 16·1 and 16·5 in Aberdeen and Edinburgh, to 23·4 and 24·9 in Paisley and Greenock. The fatal cases of

the seven principal zymotic diseases in the eight towns were 117, against 109 and 107 in the two preceding weeks; they included 55 from diarrhœa, 24 from whooping-cough, 11 from scarlet fever, 13 from fever (mainly enteric), 8 from measles, and 6 from diphtheria. The annual death-rate from these seven diseases averaged 4·7 per 1000 in the eight towns, against 6·2 in the large English towns. The zymotic death-rate in the Scotch towns ranged upwards from 3·9 in Aberdeen, to 7·8 in Perth and 8·5 in Greenock; the high rates in the two last-mentioned towns were mainly due to diarrhœa. The fatal cases of diarrhœa in the eight towns further rose last week to 59, against 39 in the previous week; the annual death-rate from this disease, however, did not average more than 2·2 per 1000, whereas the rate in the English towns averaged 4·6. The highest death-rates from diarrhœa in the Scotch towns were 5·9 and 6·6 in Perth and Greenock. Seven of the 8 fatal cases of measles were returned in Glasgow; and 13 of the 24 of whooping-cough occurred in the same town. The 13 deaths referred to fever exceeded the number in recent weeks, and included 8 in Glasgow, and 3 in Edinburgh. The deaths referred to acute diseases of the respiratory organs (bronchitis, pleurisy, and pneumonia) in the eight Scotch towns were 59 last week, against 58 and 69 in the two preceding weeks; the annual death-rate from these diseases was equal to 2·4 per 1000, against 2·5 in London. The causes of 112, or 25 per cent., of the 456 deaths registered in the Scotch towns last week were uncertified; in the English towns the proportion of uncertified deaths was only 2 per cent.

### HEALTH OF DUBLIN.

The death-rate in Dublin showed a further decline last week, and was equal to 28·2 per 1000, against rates declining steadily from 42·5 to 30·2 in the seven preceding weeks. The death-rate in the city last week was lower than that which has prevailed for many months. During the past four weeks, however, the death-rate has averaged 30·0 per 1000 against 21·4 in London, and 17·9 in Edinburgh. The 170 deaths in Dublin included 35, or nearly 21 per cent., which were referred to the seven principal zymotic diseases, against numbers declining from 53 to 42 in the four preceding weeks; 7 resulted from small-pox, 7 from whooping-cough, 6 from fever (including typhus and typhoid), 6 from measles, 5 from diarrhœa, and 4 from scarlet fever. The annual death-rate from these seven diseases was equal to 5·8 per 1000 in Dublin, against 7·4 in London and 4·3 in Edinburgh. The seven fatal cases of small-pox showed a further decline from recent weekly numbers, and those of scarlet fever showed a marked decrease. The fatality of diarrhœa does not show the increase in Dublin which has occurred in recent weeks in the large English towns, the deaths of infants under one year of age, however, considerably exceeded the numbers in recent weeks.

### WEATHER AND SUMMER DIARRHŒA FATALITY.

The rapid increase in the fatality of infantile summer diarrhœa in recent weeks, more especially in London, is the more remarkable when considered with reference to the meteorological conditions of the past month. The mean temperature of July was 61°·7 at the Royal Observatory, Greenwich, and was almost identical with the mean temperature of the corresponding month in 100 years. The temperature of the month was, therefore, moderate; it was below the average on each of the first thirteen days, while it showed a slight excess on twelve of the last eighteen days. The weather was, moreover, unusually wet, even for July, and rain was measured on twenty-four of the thirty-one days to the aggregate amount of 3·8 inches, exceeding by 1·2 inches the average July rainfall in sixty-one years. The nearest approach to so large and frequent a rainfall in July during the present decade was in 1879, when 3·7 inches were measured on nineteen days. With moderate temperature and frequent and abundant rainfall throughout the greater part of July, the excessive fatality of diarrhœa during the past four weeks is the more noteworthy. In London no less than 810 deaths were referred to diarrhœa during the four weeks ending last Saturday, against 1167 and 94 in the corresponding periods of 1878 and 1879. In July, 1879, when the fatality of diarrhœa was so exceptionally slight, the mean temperature was remarkably low, while the rainfall was almost as large as it was last month, measured on almost as many days. Diarrhœa fatality generally occurs rather earlier in London than in the provincial towns. During the past four weeks the annual death-rate from the disease has averaged 2·9 per 1000 in London, whereas in the nineteen large provincial towns it has not averaged more than 1·8 per 1000.

## HEALTH MATTERS GENERALLY AT HOME AND ABROAD.

### THE DANGER OF MILK FROM PHTHISICAL COWS.

Dr. Vallin, in the *Revue d'Hygiène*, briefly referring to recent contributions on this subject, including the writings of Fleming, and especially Dr. Creighton's recent paper in THE LANCET on an infective variety of tuberculosis in man identical with bovine tuberculosis, urges the attention of scientific bodies to the subject. These bodies, he says, have at different times instituted Commissions for the study of cow-pox, rabies, glanders, &c.; should they not institute a Commission for an investigation such as this? He especially urges the question upon the attention of the Institute or the Academy of Medicine. Here is a subject which specially concerns the medical department of the Local Government Board, and which we should be glad to see included in the scientific medical research carried on by that department in continuation of Dr. Burdon Sanderson's investigations, made for the department, on the inoculation and development of tuberculosis. Meanwhile, asks Dr. Vallin, pending the experimental determination of the question at issue, is it not a matter of common prudence, in giving milk of which the source is doubtful to infants and invalids, that it should first be thoroughly boiled? Unless we are mistaken, it has been alleged that boiling does not offer a sufficient protection!

### PREVENTION OF SPREAD OF INFECTION.

In the recent report of the Royal Commissioners on the sanitary condition of Dublin, the Commissioners state that, although it did not come within the limits of their instructions to report upon the imperfection of existing arrangements for the removal of sick persons suffering from infectious diseases to hospital, the disinfection of their dwellings, and the provision of temporary accommodation for their families during such processes of disinfection, yet these points deserve, they submit, the careful consideration of the Corporation as being the responsible sanitary authority. They suggest that it would be desirable to afford legal power to all sanitary authorities to make chargeable upon the funds at their disposal for the purposes of the Public Health (Ireland) Act, 1878, the expenditure necessary to provide temporary refuges for the reception of families who may be compelled to leave their infected dwellings during the progress of disinfection. Further, with the view of overcoming the objections of the poor to early removal to hospital for the treatment of dangerous infectious disease, they suggest that it would be desirable that in such institutions a ward for each sex be set apart as an "observation ward," into which all cases of a doubtful character should be admitted, where they could be retained and treated until the further progress of the symptoms had indicated the proper course to pursue with respect to them.

### MILITARY OPHTHALMOLOGY IN RUSSIA.

Among other instances of the special attention which is now being devoted to ophthalmic medicine in the Russian army, it is reported that the "oculist" of the Kiev military circumscription, having recently visited the troops forming the garrison of that city, found many soldiers suffering from ophthalmia. He attributed this to the unwholesome hygienic conditions of the barracks and to the action of the sands surrounding the place. He has recommended the removal of the affected soldiers from the city, and it has been resolved in consequence to establish a special hospital for them on a healthy site on the banks of the Dnieper.

### A TAX ON PRIVIES AND SEWERS.

The *Bombay Gazette* reports that Mr. Crawford, the second Assistant Collector, and Vice-president of the Municipality of Dholka, Ahmedabad, has issued a notice imposing taxes on houses, *privies, and sewers*. Eight of the unofficial members of the municipality having in vain protested against this taxation on the ground that the people were too poor to bear the burden, have tendered their resignations,

and memorialised the Governor of Bombay on the subject. The taxation of privies and sewers is a novelty to us, and indicates curious views of political economy on the part of the promoters. We could understand a public grant of money for the purpose of encouraging persons to construct privies and sewers, but privies and sewers as a source of revenue is a form of taxation which must be classed with that barbarous form of which we had an example here in the window-tax.

### HOW CONTAGIOUS DISEASES ARE SPREAD.

At Drumcondra Petty Sessions, last week, Patrick Soey was summoned by the Guardians of the North Dublin Union, under the Public Health (Ireland) Act, 1878, for having on the 3rd of July, while suffering from small-pox, exposed himself to the public without taking any precaution to prevent the disease spreading. The defendant, it appeared, had gone about before he was properly recovered, although frequently cautioned by the medical officer of the Union, who attended him. The Bench, considering the case had been fully proved, fined him in the mitigated penalty of £3, Soey having pleaded ignorance of the consequences of his act.

The number of cases of fever in Swinford Union has decreased considerably of late, and no death has been recorded since the 17th ult. Up to last Saturday, the 31st ult., there were sixteen cases of typhus in the entire Union, and only eight cases in the fever hospital.

The Poplar Board of Guardians have agreed to a suggestion made by the Asylums Board, that the ambulances employed for the conveyance of persons suffering from infectious disease should be disinfected at the several hospitals at which the patients had been received.

During the week ending the 10th July, 675 deaths (404 males and 271 females) were registered in St. Petersburg. The greatest number of deaths were assigned to "typhus" and phthisis.

## THE VACCINATION ACTS AMENDMENT BILL

ON Monday, the 2nd inst., a deputation, consisting of Mr. Spottiswoode (President of the Royal Society), Dr. Risdon Bennett (President of the College of Physicians), Mr. Erichsen (President of the College of Surgeons), Mr. Spencer Wells (Vice-president of the College of Surgeons), Dr. Erasmus Wilson, Professor Huxley, Dr. Farquharson, M.P., Dr. Pitman, Dr. Quain, Dr. Russell Reynolds, and Dr. Wilson Fox, had an interview with Mr. Dodson, at the Local Government Board Offices, to urge their views on this Bill.

Dr. RISDON BENNETT said,—It would be perhaps right that I should, in the first place, explain what may seem rather wanting in respect towards you in connexion with this matter; but the fact is that when you were good enough to give me your courteous reception before, it was with the view of my ascertaining the opinion of the College on this Bill, and having done so they expressed so strong a feeling upon the subject that it was determined to ask from you an informal reception on behalf of the College at large, and so it is that we are here a second time. We have looked again into this Bill with care, and the result was, the drafting of the petition which, I believe, has been presented to the House of Commons, and which contains, in a summary form, the views of the College of Physicians on the subject. The law as it stands seems to us to be acting most beneficially, and to be doing much towards diminishing the spread of small-pox; so that if it is continued in its present force, with a little more attention to the efficiency with which vaccination is performed, there is good reason for believing that practically—I do not say absolutely—small-pox will be exterminated from this country. Now, the Bill as it stands openly says to the public, "You may either be vaccinated or pay the fine;" and if you pay this fine you are at liberty to communicate to the public this disease, which has been attended with such frightful consequences in bygone times." The answer to that, as I understand, is, that *the law as it stands* leaves a certain number of children unvaccinated, who are consequently sources of danger. That is true; but it does not say to the world at large, as this Bill does, that these children may continue to be unvaccinated, and that it is matter of little consequence to the public whether they do it or not, and that it is a matter of free choice and you can do it if you like. We feel that it is of very serious moment for any number of children to remain unvaccinated; because, although a very large portion of the community are protected, they are only protected to a certain extent. Nobody maintains that vaccination is an absolute protection after the expiration of a certain number of years against the taking of small-pox, because the complaint is only as a rule taken once. There are many instances where it is taken a second time from peculiarity of constitution, climatic influences, and so on; and although we are prepared to advocate the efficiency of vaccination as a protection, we do not say that you may not, after a certain time, become susceptible to it; and we say that these unvaccinated children would subject persons so susceptible to the disease. It seems rather late in the day to say anything broadly and simply in the matter of vaccination. Then with reference to the objection of some of the anti-vaccinators to the law as it stands, that it introduces other diseases which are at the same time attended with fatal consequences; there are sufficient answers to be given to that; and with reference, for example, to certain cases of syphilis, which in some cases have followed vaccination, it does not follow that they have ensued where vaccination has been properly performed. There is no doubt that there are cases where disease has followed from vaccination, but not where the vaccination has been properly performed. Then with reference to erysipelas and other causes that occur after vaccination, the fact is that these things are occasioned by the most trifling causes in connexion with the state of the atmosphere, and have no relation to the vaccination. Then we also feel that it is very undesirable in a great measure of this sort, where the health of the community at large is so seriously concerned, that too much attention should be paid to the objections of a small party who, from various motives, but mainly, I apprehend, from sheer ignorance, raise these objections. We feel that when a consensus of opinion of a great profession like the medical profession is so decided upon the subject, and when the evidence before the public is so convincing, if it is looked into, that it is scarcely the thing for the Government to give way to a few objectors, or to give way on the plea that the thing is troublesome to carry out now and then. We can quite understand that the Local Government officers have troublesome people to deal with, and it may be annoying; but we think these are trifling things, which should not weigh with the Government interfering with the efficiency of a great measure like this.

Mr. ERICHSEN said the College of Surgeons looked upon compulsory vaccination as absolutely necessary for the protection of the community and the maintenance of its health, and looked with regret on any measure that would in any way militate against vaccination becoming universal. If vaccination could be made universal in infancy, and were properly performed, small-pox would become a thing of the past. The law had to contend against ignorance of the evils attending the spread of small-pox. People of the present day only knew small-pox in the form modified by the beneficial influence of vaccination. There was no evidence that vaccination spread diseases provided it was carefully and properly performed. A careless surgeon might spread syphilis by the touch of his hands, or by using a dirty knife, by not wiping an instrument in going from one patient to another, and so, also, might a careless vaccinator spread disease. If he did he should be proceeded against for malpractice, and he would be punished, as he deserved to be. If a large number of children were to be left unvaccinated, as it was to be feared would be the case by payment of the fine, a considerable portion of the community might take advantage of the law, and thereby lead to the epidemic of small-pox becoming excessive among those children. In former days seven-tenths of the whole mortality from small-pox occurred in children under the age of puberty; and if vaccination were neglected the disease would spread itself in a far less modified form amongst those who were only partially protected by primary vaccination and who had not had the advantage of being revaccinated. Revaccination was a subject which might well engage the attention of Government hereafter.

Mr. SPOTTISWOODE observed that the members of the

Royal Society concurred in condemning the Government Bill which was concerned with a subject so nearly relating to physiological science.

Professor HUXLEY said—The remarks which I would venture to offer to you are these: that the present moment is particularly inopportune, from a purely scientific point of view, for any action on the part of Government, which might be construed by ignorant persons into an admission that the evidence in favour of vaccination is in any way defective or weaker than it has formerly been. Of course, up to the present time, or, at least, six or seven months ago, the evidence in favour of vaccination, however satisfactory it might be to many persons, including myself, had not scientific completeness. The subjects of inquiry being human beings, you could not apply the scientific method in its fulness; but within the last six or seven months a very eminent French investigator, M. Pasteur, and some other French observers, have been applying an experimental method in all its rigour to certain epidemic diseases, and that which M. Pasteur has investigated is known as "chicken cholera." The disease to which he refers is excessively fatal. If it attacks a farmyard the general rule is that it kills all the fowls attacked. But in the most favourable cases a few (80 per cent.) recover. Those are his figures. M. Pasteur has determined the nature of the infection, and he finds he can cultivate and produce the disease artificially, and so forth. But the most remarkable part of his discovery is this—that, by treating the *materies morbi* in a certain fashion, he can diminish its virulence; and by vaccinating fowls with it he can protect them from the influence of the disease. So that supposing you take forty fowls, and divide them into two parts of twenty each, and you give the one the undiluted poison, those twenty in all probability die; but if you carefully inoculate in the manner he indicates the other twenty fowls, as you submit them to exactly the same process as that which causes them to die, they either do not suffer at all, or, in the least favourable cases, 80 per cent. recover. So that we have here in the case of a serious epidemic conclusive evidence of a process precisely analogous to vaccination in protecting against the effects of infection. The experiments of splenetic fever are as yet incomplete; and the results have not been published, but they tend in exactly the same direction, to show that sheep and dogs by being inoculated by the splenetic fever poison in the particular form, they suffer a slight malady and are absolutely protected from the disease. This to us, in the presence of the first evidence, would be perfectly satisfactory to science in its first form, but so far as the evidence stands it is clear and perfectly demonstrative of the value of the process analogous to the process of vaccination. So that we are quite safe in extending the argument by analogy. We may say that we have for the first time got something like complete scientific evidence of the value of the process of vaccination.

Dr. PITMAN pointed out that the Bill seemed to give immunity to persons to break the law by the payment of a fine. If that principle were to be applied to every offence it would be a dangerous principle to introduce into the English law.

Dr. WILSON FOX reminded Mr. Dodson that the law did not allow one person to injure another from conscientious motives; and he quoted the case of the "peculiar" people, who would not call in medical aid, but depended on superstitious rites for saving life, and who had been charged with and convicted of manslaughter. A man left his child unvaccinated, and thereby endangered that child's life and the life of other people. It was criminal and an entire variation of the law to allow conscience, which was the only thing that could possibly be argued, to justify any departure from the present law. The law, if anything, ought to be made more stringent.

Mr. DODSON in replying said, "It appears to me that we have arrived at an understanding; that is to say, it is perfectly seen and understood now that the law as it stands is not directly compulsory, but simply inflicts a succession of fines for the omission to have a child vaccinated; and that what the Bill does is not, as has been said, to give a licence to violate the law or to exempt people from its operation; it is simply a question of mitigating penalties by reducing their number. There is no difference between us as regards the value of vaccination, and the desirability of making it, if possible, universal. The only question between us is as to the best mode of bringing it about, and upon that of course the opinion of the medical profession is exceedingly valuable. Sometimes it is a question of expediency and policy upon which persons who wish to administer the law and to establish the law are perhaps as competent to form an opinion as the medical profession itself. At all events, it is one which, as must be seen, no one profession can claim to be able to form a judgment more particularly than another. Perhaps those who have to administer the law are, if any, those whose opinions would be the most valuable in such a matter as this. We have to deal, as it has been stated here—and I will assume for a moment that it is so—with a very small minority of persons who in the main belong to the more uneducated classes. We have to deal with men as we find them, and the question is, Which is the best way? Is the object best attained by this multiplication of fines, and giving men notoriety, and making martyrs of them at the expense perhaps of the Association that pays their fines; or will the object be better attained by avoiding giving this importance to certain individuals? That is entirely the point which introduces itself; and it is simply a question of expediency. It may be that it is exactly this multiplication of penalties that tends to foster and keep alive anti-vaccination leagues. It has been said "that the blood of martyrs is the seed of the Church," and that is the question in this case. The blood of these martyrs may not be the seed of the anti-vaccination case that keeps it alive, but it is a question of expediency. Well, I can only say that I am exceedingly glad to have seen this deputation to-day, and to find that we have come to understand each other much better, and that the only point of difference between us is this one of expediency. Upon that point I quite allow the medical profession is entitled to great weight, but I cannot admit that on such a question as that that it is entitled to outweigh other opinions, more especially the opinions of those who have to administer the law. By the way, it has been said that the Bill was a concession to agitation, and so forth; I can safely say that the Bill was no concession to any agitation whatever: the Bill was simply introduced with the view of giving effect to the recommendations of the Committee of 1879, which expressed the opinion that the multiplicity of penalties tended to keep alive an animus against the law; and I am not aware that the agitation has been particularly alive within the last few months more than it was before—I mean there has been no pressure brought to bear upon the Government.

The deputation thanked Mr. Dodson and retired.

## THE PARKES MUSEUM.

WE were unable last week, owing to pressure upon our space, to give more than a brief notice of the meeting which was held at the Mansion House in connexion with the above Museum. Sir W. Jenner's remarks upon the occasion were, however, so forcible and so practical, and their importance is so great, that we give them here in a more extended form. Sir William Jenner said—

My Lord Mayor, Ladies, and Gentlemen,—You have heard some very eloquent addresses in support of this Museum. I wish to say a few words as to its origin. Dr. Parkes, whose name it bears, was one of the most amiable men that ever lived. I think he was the nearest to perfection that I have, in my long experience, been acquainted with. He was not only amiable, but he loved his race, and desired on all occasions to benefit others. He thought little of himself, and devoted the last years of his life to the study of hygiene and how it could be applied for the public good, and died deeply regretted by all who knew him. When he was dead the profession thought how they could best honour his memory—what memorial we could erect to so excellent, so good, so honourable, so great a man; and we thought of busts and pictures and various other modes of keeping alive, so long as those who knew him were here, his memory. We loved him too dearly to require to see his picture before us. We dismissed that, and then we thought of scholarships, thinking they would be of some service, but not much. There are a great many scholarships, and many of them of little service; and we did not see how they would accomplish what he, good man, would wish; and so it was determined to found a Museum for the purpose of spreading abroad the knowledge of those principles of hygiene to which Dr. Parkes had devoted the energies of his latter days. And so we joined together to found the Parkes Museum. I was elected Chairman of the Executive Committee, and hence I

am here especially this afternoon. Well, that was its origin. Now, it was determined to get together a collection of appliances, &c., which required to be explained, and it was determined that some of our friends should give lectures and expositions to the working men especially; others who pleased were to go, but the working men were invited with the view not only to the improvement of their own homes, but the homes of you who live in great houses also. Living in a great house does not keep a man safe from disease, and I will give you a case in point. I had a gentleman to see who was too ill to leave London and who has a great place of his own in the country. He was staying at an hotel, and had to be moved into a house suitable to his rank and station. Well, his wife looked round London for a house, and at last she found a great mansion, described to me as one of the finest mansions in London, situated in one of the finest regions in London, from which a noble earl was about to move out, and who consented to move a little earlier to make way for my friend. The medical man of the gentleman about to become the tenant said, "Let us see what is the sanitary state of the premises, and let us have a report from a competent authority." Many of you will not understand this allusion, for if you want to have your houses healthy you must support this institution in which the workmen employed will know how to make a house healthy. Many will not understand it, but those that do will see the importance of it. This report was only given a few days ago, and what did it say? Why, that in this, "one of the finest mansions in London, the waste pipes from the baths descend into the soil pipe unventilated." That is to say, that the sewer gas found its way right into every bath-room in the house. Now let us think what that is for a moment. The sewers of this metropolis are always filled with the poison of typhoid fever, of diphtheria, and a series of other terrible maladies, so that the persons living here were breathing these vapours, and it could only have been by accident that the inhabitants of the premises in question escaped infection. If they had inhaled them they would be suffering from some of these dreadful diseases. Medical men know only too well the fatal consequences of ignorance of the commonest forms of sanitary precaution. To-day they find a mother weeping for her child, to-morrow a wife lamenting the loss of her husband—and all through not knowing the first principles of sanitary science as applied to the houses in which they lived. Well, what else is found in "one of the finest mansions in London"? "The basement sinks, and all upstairs save one housemaid's sink, go into the drain direct; the closets are valve-closets in best part of house; but the closet-rooms are unventilated, except the second floor and top water-closet. The main cistern on the roof supplies a closet, and the basement drinking-cistern has its waste-pipe entering the drain." From this description you will see that there is nothing to prevent the drinking water of "one of the finest mansions in London" becoming charged with typhoid poison direct from the sewers, which must give typhoid fever. This shows you what some of the biggest houses are like. It is not intended to found a charity. We do not come here to plead for a charity, unless it be, and I think there is great truth in the saying, that "charity begins at home"; but it should not end there. It would commence there if you would support an institution like this, so that a true knowledge of sanitary science may be spread amongst the working classes; it would not end there if men who have been taught to save the lives of their own children will, by their skill in the construction of dwellings, enable others to do the same. Even if only one mother should save her child's life, do you not think it would be beginning charity at home? I have spoken of the terrible diseases which may arise from bad water, bad air, &c. That is a small part of what may be produced. The life of a man depends upon his blood. It is his blood that nourishes his brain and his body, and the quality of the future man depends to a very great extent upon the quality of the blood in the child. Now, it follows that a child who is constantly breathing foul air is deteriorating, for blood is the pabulum of life. Many a person who is suffering from out-of-healthiness is suffering from breathing perpetually foul air. Sore-throats and a variety of complaints owe their origin to this cause. The doctors see it, and tell you you are living where there is foul air. A parent asks, "Why, all my children are looking pale and miserable; they have a healthy situation, where they have baths, &c." But the explanation was simply that the sanitary arrangements were not perfect. I will give you an instance that came under my own observation. Not long ago I went to Mortlake, where my children were at school, and I was told by the schoolmaster that a sewer was ventilated outside his door, and I gave the master a certificate that serious consequences might result, and I said, amongst other things, that perhaps you will have pneumonia. What happened? They would open this sewer, and the result was that a poor little page boy, whose window abutted on to the work which was being done, was seized with pneumonia. I ask you to educate these people. I paid a lot of money a little time ago that the drains of my house should be put into order, but after a month I found everything as bad as it could be, and I sent for another man and paid a lot more money; but they were not put right, and I sent a third time, and I had been recommended a sort of clerk to the works, a man who seemed very well educated. I happened to come home in the middle of the work, and the foreman pointed out to me that he had fixed a D-trap to a certain pipe, and I said I would not have a D-trap. He said it was a model thing. When I turned upon him, and said, "A D-trap; I call it a double D-trap, for it will deal out disease and death." D-traps always require inspecting. The fact was that these so-called intelligent workmen were desirous of doing what was right, but were ignorant how to do it. I went round the house, and found that the man had trapped the ventilating-pipe of the sewer, and the result would have been a burst of sewer-gas. If any of you want your drains or your water-supply put in order how are you to get it done? I am asked the question constantly; the workmen have never been taught, and you should go to those who have made these matters their study. These workmen are as conscientious in their work as you and I, but they are ignorant of sanitary principles, and ignorance deals out disease and death. I am sorry to detain you so long. What we want—I am chairman of the Executive Committee, and I am going to speak very plainly, as I usually do—is money to carry out our views, and to continue the work which we have begun. A good many years ago I was asked by a lady to visit her husband, who was desirous of giving away a large sum of money, much larger than she thought he could afford, and use my influence in the matter, and she said, perhaps you will accidentally drop in after church, and just bring up the subject; and so after church, where perhaps I had heard a good sermon, I mentioned the matter to him, and this is the remark he made when I referred to the largeness of the sum: "Yes, it may seem so to you who are a doctor, but it is nothing to City men." Now we come into the City and we want a large sum to found this institution. We have done what we could, and we doctors are animated solely by the desire to prevent people being ill. We are like the lawyers, who are animated by the desire to prevent people going to law, and we ask you to help this museum. Now that we have got the first citizen in the City of London, the largest city in the world, the richest city in the world, and most liberal city in the world, presiding on this occasion we hope that his name and the influence of him and others will be brought to bear to secure a habitation and all that is needful for advancing this good cause.

## ARMY MEDICAL SCHOOL.

THE Summer Session of the Army Medical School at Netley terminated on Monday, the 2nd inst., when, after the preliminary business of winding up the Session had been concluded, the prizes at the disposal of the senate of the School were handed to the successful competitors, before a large assembly of officers and visitors, by Sir C. K. Pearson, K.C.M.G., C.B., of Ekowe reputation, now Governor of the Royal Victoria Hospital and Commandant of the Station of Netley. After delivering the prizes, Sir C. Pearson gave an interesting and lengthened address on the position and responsibilities of officers of the medical department in the different branches of the military services. Sir J. Fayrer, K.C.S.I., and Mr. Maccormac, also addressed some appropriate remarks to the assembled probationers. The visitors then adjourned to the Army Medical Staff mess-room, where luncheon was served.

The following are the names of the successful surgeons on

probation for Her Majesty's Army, with the numbers of marks obtained by them. In the instances of these gentlemen the marks gained at Netley are not counted, and they retain the places taken by them in the competitive examination at London :—

| | Marks. | | Marks. |
|---|---|---|---|
| G. H. Sylvester .. | 1995 | S. L. Maunsell .. .. .. | 1375 |
| W. J. Macnamara .. | 1900 | J. S. Langdon .. .. .. | 1350 |
| D. O'Sullivan .. .. | 1725 | W. F. Heffernan .. .. | 1345 |
| E. O. Milward .. .. | 1710 | R. W. E. Nicholson .. | 1345 |
| P. B. Conolly .. .. | 1660 | J. G. W. Crofts .. .. | 1330 |
| C. R. Woods .. .. | 1590 | W. Dugdale .. .. .. | 1325 |
| H. F. Babington .. | 1585 | D. L. Irvine .. .. .. | 1325 |
| W. C. Milward .. .. | 1575 | J. Ronayne .. .. .. | 1320 |
| W. H. Bracken .. .. | 1565 | C. H. Clabburn .. .. | 1290 |
| M. F. Macnamara .. | 1490 | E. R. Cree .. .. .. | 1275 |
| J. O. Sandiford .. | 1480 | M. O'C. Drury .. .. | 1260 |
| R. L. Love .. .. .. | 1455 | W. Deane-Freeman .. .. | 1245 |
| H. W. Murray .. .. | 1455 | J. H. Nicholas .. .. | 1200 |
| M. W. Kerin .. .. | 1420 | D. F. Franklin .. .. .. | 1175 |
| A. Peterkin .. .. | 1420 | J. L. Curtin .. .. .. | 1160 |
| J. Harran .. .. .. | 1405 | H. Saunders .. .. .. | 1155 |
| W. S. Leckey .. .. | 1395 | J. Battersby .. .. .. | 1150 |

The following is the list of candidates for commissions as Surgeons in Her Majesty's Indian Medical Service and Royal Navy in order of merit, and with the total number of marks gained by them at both the London and Netley examinations :

INDIAN MEDICAL SERVICE.

| | Marks. | | Marks. |
|---|---|---|---|
| *J. Simpson .. .. | 5635 | T. R. Macdonald .. | 4094 |
| †C. P. Lukis .. .. | 5483 | C. B. Maitland .. | 4068 |
| R. R. H. Whitwell .. | 5465 | D. F. Dymott .. .. | 4018 |
| L. A. Waddell .. .. | 5233 | R. H. Cama .. .. | 3998 |
| H. P. Dimmock .. | 4530 | W. B. Browning .. | 3960 |
| G. Shewan .. .. .. | 4445 | C. Henderson .. .. | 3896 |
| D. B. Spencer .. .. | 4396 | F. R. Divecha .. .. | 3892 |
| J. Clarke .. .. .. | 4301 | A. P. Adams .. .. | 3864 |
| C. C. Vaid .. .. .. | 4383 | C. M. Thompson .. | 3783 |
| P. D. Pank .. .. | 4303 | C. S. Rundle .. .. | 3667 |
| ‡G. F. Willis .. .. | 4166 | J. W. Evans .. .. | 3612 |
| T. R. Mulroney .. | 4115 | J. Leonard .. .. | 3604 |

* Gained the Herbert Prize and the Martin Memorial Medal.
† Gained the Parkes Memorial Bronze Medal.
‡ This gentleman became ill last session.

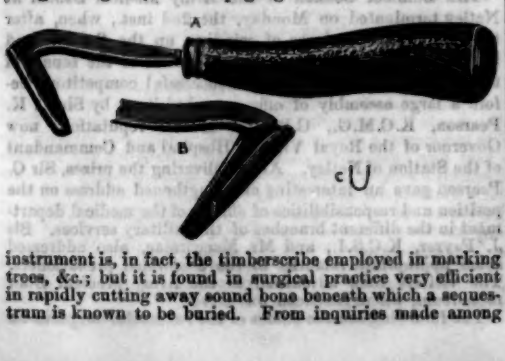
| ROYAL NAVY. | Marks. |
|---|---|
| H. G. Jacob .. .. .. .. | 4758 |
| W. M. Lory .. .. .. .. | 4206 |
| W. S. Lightfoot .. .. .. | 3644 |

## ROYAL COLLEGE OF SURGEONS.

AT an ordinary meeting of the Council of the College of Surgeons held on Thursday last, a letter was read from Sir James Paget, reporting the proceedings of the General Medical Council. Mr. Le Gros Clark's resignation from the Court of Examiners was received, and several nominations were made. The President announced the result of the interview with the Local Government Board respecting the proposed Vaccination Acts Amendment Bill.

## HOEING BONE-GOUGE.

DR. HENRY MONCKTON, of Rugeley, desires to draw attention to a form of bone-gouge of which the accompanying woodcut is an illustration. He has used it several times, and believes it to be more handy and convenient than the straight, angular, or forcep gouges in common use. The




instrument is, in fact, the timberscribe employed in marking trees, &c.; but it is found in surgical practice very efficient in rapidly cutting away sound bone beneath which a sequestrum is known to be buried. From inquiries made among surgical instrument makers and dealers, Dr. Monckton has reason to think that bone-gouges having this reversed action have not hitherto been in the hands of surgeons. Should the idea be adopted, makers will doubtless improve upon the tool depicted above in the details of elegance and refinement. The actual cutting edge is shown at C.

## THE SERVICES.

### MEDICAL OFFICERS FOR INDIA.

IN view of the extended operations in Afghanistan a large reinforcement of medical officers has been placed under orders for immediate service in India. Surgeon-major S. E. Maunsell, with Surgeons Cowen and Clark, embarked at Portsmouth on Tuesday last in the *Orontes*. Surgeon-major Wade is detailed for medical charge of the troops leaving England on the 6th in H.M. Indian troopship *Euphrates*, with Surgeons Barker and Michael as assistants. Forty of the newly-joined surgeons who have completed the Netley course, and also undergone instruction in ambulance and stretcher drill at Aldershot, have been warned to hold themselves in readiness to embark for the East at short notice. The medical staff at the disposal of Surgeon-General Crawford will, on the arrival of these reinforcements, be ample, as it is probable that many medical officers who in the ordinary course would have been relieved this season will be detained in India till the Afghan War is ended, a termination which we hope to see before many months are past.

### THE EXAMINATION FOR THE ARMY, NAVY, AND INDIAN MEDICAL SERVICES.

The competitive examination for Commissions in the Medical Departments of the Army, Navy, and Indian Medical Service commences on Monday next, the 9th, at Burlington House. We understand that no less than eighty-six gentlemen have sent in their names for the Army, eight for the Navy, and thirty-five for the Indian Service. The unpopularity of the navy with the young members of the medical profession is not likely to be removed till a liberal and satisfactory Warrant is issued.

ADMIRALTY.—Staff-Surgeon Solomon Kellett has been appointed to the *Impregnable*, in lieu of a surgeon; Surgeon W. M. Rae to Bermuda Hospital; Fleet Surgeon T. R. Warren to Sheerness Dockyard; Surgeon W. S. Lightfoot to the *Duke of Wellington*, for Haslar Hospital; Surgeons G. Jacob and W. M. Lory to the *Royal Adelaide*, for Plymouth Hospital; and Surgeon E. W. Luther to the *Asia*.

The Standing Medical Boards at ports of embarkation have (says the *Indian Medical Gazette*) been abolished, so far as concerns officers of the Indian Services who have appeared before local boards.

# Correspondence.

"Audi alteram partem."

## THE CASE OF SWEETLAND.

*To the Editor of* THE LANCET.

SIR,—The case of the unfortunate Sweetland is additional evidence, if evidence were wanting, of the unsatisfactory state of the law with regard to insane homicides. I use the term "insane homicide" in preference to "criminal lunatic," for I fail to perceive how a man can be a criminal lunatic when the fact of insanity being proved absolves from all responsibility as to the particular act for which he is tried. The whole of the difficulty which surrounds these cases is to be found in the determined opposition of the law to medical science—a conservatism which has sent many an unfortunate lunatic to the gallows. It appears that some of the American judges are inclined to take a view of these cases of insane homicide more in accordance with the progress of modern science. I have before me while I write the charge

of Judge Doe, of New Hampshire, delivered in 1869. He says, "At present precedents require the jury to be instructed by experts in new medical theories, and by judges in old medical theories." In doing this "the legal profession were invading the province of medicine, and attempting to install old exploded medical theories in the place of facts established in the progress of scientific knowledge. That cannot be a fact in law which is not a fact in science; that cannot be health in law which is disease in fact; and it is unfortunate that courts should maintain a contest with science and the laws of nature upon a question of fact, which is within the province of science and outside the domain of law." He further remarks, "If the tests of insanity are matters of law, the practice of allowing experts to testify what they are should be discontinued; if they are matters of fact, the judge should no longer testify without being sworn as a witness, and showing himself qualified to testify as an expert." This, to my non-legal mind, seems to be good, sound common sense. If it were not admitted that there are certain facts with regard to insanity cognisable by medical men none of the persons found in our asylums ought to be there. The law in these cases admits that there are facts of insanity of which medical men are competent judges, but in criminal cases, for some reason not clearly defined, the law utterly repudiates medical testimony. In all other cases the testimony of experts is accepted and acted upon; why not, therefore, in the case of insanity? Another anomaly also present in these cases is this, the public are fully acquainted with the evidence that convicted Sweetland, but no one knows the grounds for the alteration of the sentence. The grounds for the reprieve should become as public as those for the conviction; and why should not the evidence on which the reprieve is granted have been allowed on the trial? Apologising for having taken up so much of your valuable space,

I am, Sir, yours faithfully,

H. AUBREY HUSBAND, M.B.,
Lecturer on Medical Jurisprudence, Edinburgh School of Medicine.

July 12th, 1880.

## CHIAN TURPENTINE IN CANCER.

*To the Editor of* THE LANCET.

SIR,—In so horrible a disease as cancer of the female genital organs, and one in which we are compelled to admit that we are powerless to do more than palliate suffering, I quite agree with your correspondent Mr. Hickinbotham (*vide* THE LANCET of June 19th), that it is our duty to adopt any treatment which is supported by high authority, and especially by so high an authority as Professor Clay. It is, I think, equally our duty to report the result of such treatment fairly and without prejudice, whatever those results may be, and I therefore briefly give you my notes of a case in which I have employed this remedy.

Mrs. H——, aged sixty-two, a widow, who has never borne children, complained to me in February of the present year of passing blood with the urine, pains in the back and legs, and great weakness. I thought her suffering from disease of kidneys and consequent hæmaturia, but on visiting her at home I found the urine perfectly clear, with one or two small coagula at the bottom of the vessel. I then made a vaginal examination, and found a cancerous growth, which bled freely on the slightest touch, extending from the back of the meatus upwards for about two inches in the anterior wall of the vagina; above this the wall appeared healthy, but somewhat hard and thickened; the os uteri was freely movable, and did not appear to be involved. Continuing under treatment she had occasional attacks of sharp hæmorrhage, which yielded to rest and astringent injections.

On the appearance of Professor Clay's article I thought this a typical case for treatment, and accordingly, having first examined her again, and found the disease slowly but steadily progressing, commenced the Chian turpentine in the form of emulsion as advised by Professor Clay, explaining to the patient that it was a new mode of treatment which had already produced highly successful results, and thus, by instilling great hope into her mind, securing her anxious co-operation with me in the treatment. She commenced taking the turpentine on April 18th, and continued it without the intermission of a single dose to June 20th, when it was discontinued. The effect at first appeared to be that of decidedly relieving the pain and enabling her to move about with much more comfort, though whether this was due to renewed hope or the action of the remedy is a question. After a month's trial the medicine seemed to create some loathing, but she determined to persevere. She continued it till June 21st, when a severe attack of hæmorrhage compelled me to resort to other treatment, and at the request of her relatives Dr. Coates saw her with me on the 25th inst. The condition we then found was as follows:—The front of the vagina was converted into a solid hard mass, which had extended in all directions, contracting the passage considerably; the os uteri fixed and hard; the inguinal glands enlarged, and, in fact, a more rapid development of the disease than I was prepared to expect.

My conviction (with which I believe Dr. Coates fully coincides) is that this remedy had utterly failed either for good or evil to influence the course of the disease.

I have tried it in two other cases, one of epithelioma of the lip, the other of cancer of the pylorus, but in both cases without the slightest effect, but have preferred to publish the above case as being one in which no other treatment was used, and in which it was perseveringly and unintermittingly followed up.

I may add that the emulsion was dispensed by Messrs. Davies and Hughes, whose reputation as dispensing chemists ranks deservedly high in this city.

I remain, Sir, yours, &c.,

Green Park, Bath. ROBERT BIGGS, M.R.C.S.E., L.S.A.

*To the Editor of* THE LANCET.

SIR,—The two following cases have recently been treated by the above method:—

Case 1 was a woman, aged forty-eight, with cancer of womb of six months' duration. Dr. Clay's etherial solution of turpentine with sulphur was used. Treatment commenced on April 17th, 1880, and continued to the present time; patient has gradually emaciated; pain unrelieved; disease has continued to advance, notwithstanding that the medicine has been well tolerated by the stomach. Case 2 was one of cancer of breast in a woman aged sixty-five. The breast had been totally destroyed by the disease—a large circular ulcer, with hard everted edges, situated where the breast had been. Treatment commenced same date as Case 1, and continued till patient's death, on July 3rd, 1880. Although the patient died in this instance, the base and edges of the ulcer became softer and the ulcer smaller in diameter. Although there was some affection of the axillary glands when the treatment was commenced it did not spread much. What the result would have been if treated earlier it is impossible to say.

I am, Sir, yours faithfully,

Workington, July 17th, 1880. F. ORMROD.

## EDINBURGH.

*(From a Correspondent.)*

AT the graduation ceremonial on Monday 158 medical candidates appeared for degrees; of these 28 received that of M.D.; 124 M.B. and C.M.; and 6 M.B. alone. The following gentlemen obtained gold medals for their theses, Drs. De Burgh Birch, Allan Gray, David Berry Hart, and J. Francis Sutherland. The Ettles Prize has been awarded to T. P. Anderson Stewart, who obtained the highest number of marks during the course of his professional examinations; the Beaney Prize to H. W. Dobie, who stood highest in Anatomy, Surgery, and Clinical Surgery; the Wightman Prize to R. F. Rand, for the best essay on clinical cases, and the Syme Surgical Fellowship to Dr. David Berry Hart. Mr. W. L. Goodwin obtained the Hope Prize in chemistry. Professor Turner introduced Dr. William Roberts, of Owens College, Manchester, to receive the Cameron Prize for his researches in the Digestive Ferments, &c. Professor Rutherford, in delivering the valedictory address took up the subject of Medical Examinations and Reform. He objected strongly to the English one-portal scheme, indicated the leading part played by Scottish Universities in medical education, and suggested that a few simple reforms would act more beneficially than certain proposed radical changes. Professor Maclagan presided at the Graduates' dinner in the evening.

Last week Mr. Spence had, as he anticipated, a very troublesome case of lithotomy. The patient was an adult with a somewhat narrow pelvis. All attempts to remove the stone by the ordinary lateral incision failed, although a considerable part was removed by the crushing action of the forceps. It was then resolved to employ the high operation. The carbolic spray was turned on, and the abdominal cavity opened by means of an incision made over the pubic symphysis, and prolonged upwards for about four inches. The finger was then introduced close behind the symphysis, so that the peritoneum was readily hooked up. An instrument was then introduced into the bladder from the perineal wound, and, pushed forwards by this, it was cut into and the stone extracted. The patient did not long survive. The stone seemed to consist of a large, oval-shaped, uric-acid nucleus, with a very thick external shell of phosphates. Mr. Spence remarked that he had never before been obliged to perform the supra-pubic operation, although he had removed many larger stones. He also drew attention to his mode of cutting down on the symphysis, so as to avoid injuring the peritoneum.

## PARIS.

*(From our own Correspondent.)*

THE death-rate of Paris continues to be very high. This is partly due to the epidemics of typhoid, small-pox, and diphtheria, but mainly to the great mortality amongst children from athrepsia and infantile diarrhœa, which, from 188 in the week ending July 22nd, reached a total of 228 last week. The *Tribune Médicale* opportunely publishes a paper on the Treatment of Infantile Cholera, by Dr. Boing, which is translated from the *Allgemeine Medicinische Central-Zeitung* of the 26th of June. The results said to have been obtained are so remarkable—fifty recoveries in fifty cases treated—that I do not hesitate to transcribe it for the benefit of your readers. "The method consists chiefly in the use of large quantities of quinine administered in repeated small doses, and in the limitation of food to milk-and-water, which have been previously and separately boiled. At the same time large quantities of wine are given, and sometimes ether." Dr. Boing only comprises in his statistics children under four years of age, and the youngest of these was but two months old. The smallest dose of quinine given in any case was one gramme (about fifteen grains) in the twenty-four hours, of which a proportional part was taken every hour, or half hour. If the dejections are acid, phosphate of lime is also prescribed, and should be used until the urine acquires an alkaline reaction. One little girl three years old, apparently moribund when the treatment was begun, took half a litre (one pint) of Tokay wine in fifteen hours. The French translator states that in some instances, besides the thirty grains of quinine administered by the mouth (in children under four years of age!), as much as 120 grains (eight grammes) were injected into the rectum. Dr. Boing does not appear to have met with any cases requiring more energetic treatment, but should any occur in his practice which resist milder measures, he intends to supplement the administration of quinine by the mouth and bowel by hypodermic injection of corresponding doses of the same alkaloid.

The *Progrès Médical* of last week publishes the first instalment of some lectures by Professor Parrot, upon rickets, which are sure to attract attention. As a cause of this disease, inherited syphilis holds an important place, and one recognised by all writers on the subject; but it has never been considered as the only cause. This, however, is the proposition which the lecturer advances: "All cases of rachitis are derived from one source—hereditary syphilis." As physician to the Hospice des Enfants Assistés, M. Parrot has an unrivalled field for observation; and although the statement is sweeping, it has probably been made upon good foundation. At a recent meeting of the Biological Society Dr. P. Redard exhibited a thermo-electric apparatus, which has been constructed for him by MM. Rumkorff and Gaiffé. It is intended for taking surface temperatures, and records variations of one-fortieth of a degree Centigrade. As an instrument for biological research it will, no doubt, prove most useful, but it is too costly, delicate, and complicated to meet the requirements of a medical practitioner.

A young physician of Lyons, whose name is not given, is said by the *Nouvelliste* of that town to be emulating on a small scale the now famous Dr. Tanner. He began to fast on the 1st of August, and will endeavour to remain without food until the 15th. More interested, however, than his American *confrère*, he has staked a hundred louis upon his power of endurance, or rather, that is the sum which is to reward his success.

Although Paris possesses some of the most eminent dentists in the world, the practice of the dental art has hitherto been open to all without any proof of proficiency being required. For some time the members of this branch of surgery have been endeavouring to obtain a law to make it compulsory for every dentist to pass examinations, and obtain diplomas like all other responsible professional men. A dental hospital has recently been inaugurated in the Boulevard Clichy, where theoretical instruction will be given in dental anatomy, physiology, surgery, and therapeutics, and clinical demonstrations on the patients who may apply for relief. It is hoped that the creation of a practical school for study will lead to other reforms.

A commission has been named by the Anthropological Society to take steps to erect a monument to the late Professor Broca. It is formed by MM. Henri Martin, Verneuil, De Quatrefages, Menier, Leguay, Topinard, Parrot, Pozzi, Gavarret, Ploix, and Magitot. Subscriptions may be sent to M. Masson-Leguay, 3, Rue de la Sainte-Chapelle.

## MEDICAL NOTES IN PARLIAMENT.

IN the House of Commons on Thursday, 29th ult., the only petition, so far, in favour of Mr. Dodson's Vaccination Acts Amendment Bill was presented from the Clerkenwell Ratepayers' Association. Petitions against the measure continue to be forwarded, and three were now presented from Swansea Union, vestry of Giles's, Camberwell, and Vestry of St. Leonard's, Shoreditch.—On the motion of Mr. A. Moore a copy was ordered of Dr. MacCabe's recent report on the state of the Belfast Workhouse.

On Friday another petition from the British Medical Association was presented against the Vaccination Acts Amendment Bill.—A return was ordered to be printed of examinations for medical appointments in the East India, army, and naval departments. The thirty-fourth report of the Lunacy Commissioners was laid upon the table.—Mr. Arthur O'Connor gave notice that he would draw attention to the dietary scale in the Dingle Workhouse, and move a resolution.—Mr. Bellingham gave notice that he would ask the Chief Secretary to the Lord Lieutenant of Ireland whether he has any objection to lay upon the table of the House a return of the number of dispensary committees that have availed themselves of an Act passed in August, 1879, giving facilities for providing dispensary houses and dwelling houses for medical officers of dispensary districts in Ireland.

On Monday, petitions against the Vaccination Acts Amendment Bill were presented from Derby Union, Paddington, and St. Pancras, and a petition in its favour was presented from Derby Union. The second reading of the Bill was again deferred, this time to Thursday, but without much chance of its then being reached.—Mr. Parnell asked the Chief Secretary to the Lord Lieutenant of Ireland whether he had received a copy of a report made by Drs. Sigerson and Kenny to the Dublin Mansion House Relief Committee, in reference to the fever in the west of Ireland; and, if so, whether he would lay it upon the table of the House. Mr. Forster replied that the Committee had sent him the report, but as it was not officially obtained he did not see how he could lay it on the table of the House. Fever in the west of Ireland, and especially in the union of Swinford, was declining; so much so, that the medical officer sent down by the Irish Local Government Board was returning to Dublin. To a further question the right honourable gentleman answered that instructions had long since been sent to the boards of guardians in the distressed districts to provide an improved dietary for the suffering poor.—Mr. Hubbard asked the Secretary of State for the Home Department whether, in view of the deficient residential accommodation

for the labouring population within the metropolis, aggravated by the demolition, under Improvement Acts, of unsuitable habitations not hitherto replaced, he would consider and propose some means through which, at the earliest period, a remedy may be applied to an evil so prejudicial to the health and morals of the people. Sir W. Harcourt said the matter was a very serious one, and required a great deal of consideration. Every exertion would be made to carry out the object stated in the question.—Mr. A. Arnold, on behalf of Mr. Macdonald, reverted to the case of poisoning in copper-bronze printing, which was mentioned last week, and asked the Secretary of State for the Home Department if, considering that the boy, William Ball, had suffered severely from an attack of poison prior to the one that he died from, he would direct the attention of the Public Prosecutor to the circumstances of the case, and order a prosecution; and, failing this, if he would bring in a Bill with such provisions as will meet the requirements of similar cases. Sir W. Harcourt said he had communicated with the Chief Inspector of Factories, who was of opinion that copper-bronze printing was not included in the schedule of dangerous trades under the Factory Act, because it did not come under the notice of the Committee who framed the Act. He had instructed the Chief Inspector to inquire what other dangerous trades were unscheduled, and would bring in a Bill next session to remedy the defects of the Act in that respect.—Mr. Middleton asked the Vice President of the Council if his attention had been called to an alarming outbreak of enteric fever which occurred in Glasgow in April of this year. If he was aware that the Medical Officer of Health in his report to the authorities traced the cause of the epidemic to milk supplied from a farm in a neighbouring county. Had the authorities issued regulations under the Order in Council of July, 1879; and, if so, the date. And whether, in view of the repeated outbreaks of fever traced to milk, the Government would take into consideration the propriety of introducing an Act for the sanitary regulation of places of milk-supply to towns.—Mr. Mundella replied that his attention had been called to Dr. Russell's report, that the fever was traced to milk supplied from a farm in Stirlingshire, that the farm was registered and inspected, and that upon receipt of Dr. Russell's report the Stirlingshire authorities prohibited the further selling of milk from the farm, and ordered the water-supply to be amended. At that time some inmates of the farmhouse were suffering from fever, and the water-supply was objectionable. A new water-supply, which was fresh and abundant, had now been obtained, and the inmates of the farmhouse were restored to good health, but it had not yet been deemed prudent to remove the prohibition of the sale of milk. The local authorities applied to had acted with promptitude and intelligence, and he saw no necessity for further legislation.—The following notices were given:—Mr. William Corbet,—To ask the Chief Secretary to the Lord Lieutenant of Ireland if he is aware of the fact that a distinction exists between England and Ireland in regard to the manner of pensioning officers and servants of lunatic asylums on retirement, inasmuch as in England they can receive at the end of fifteen years' service a pension amounting to two-thirds of their salaries, under the Lunacy Acts Amendment Act of 1862, while in Ireland they must have served forty years before they can receive an equal amount; whether he is aware that the clause in the Superannuation Act of 1859, which provides that when professional qualifications are necessary for the holding of any office the Lords of the Treasury may by Warrant direct that in computing the retired allowance of any person so specially qualified a number of years not exceeding twenty be added to the number of years he may have actually served, does not apply to the medical officers of lunatic asylums in Ireland, as their salaries are not paid out of the Consolidated Fund; and whether he will take steps to place the officers and servants of lunatic asylums in Ireland, when incapacited by age or infirmity to perform their duties, on an equal footing in regard to pensions with their brethren in England. Mr. Sexton,—To ask the Chief Secretary to the Lord Lieutenant of Ireland, whether he has observed that the Rev. P. McNulty, Catholic administrator of the parish of Ballina, informed the Ballina Board of Guardians, at their meeting of the 17th ult. of the existence of thirty cases of fever in one district of the union, and assured the Board that the fever had made its appearance in every case in families which had been obliged to subsist for a long time on Indian meal, used without milk; that this diet had resulted in dropsy and phthisis, as well as fever, and that a change of diet is necessary if the epidemic is to be abated; whether it appears, from the statement of the Rev. P. McNulty, that the fever had been active in the district in question for a very considerable time; that, nevertheless, its existence there was not known to the Board of Guardians until he informed them of it, and that many of those stricken by fever had neither food, bed clothing, nor any common necessary of life; and, whether, considering the number of districts from which fever has been reported, the danger of a further spread of the epidemic, and the evident inadequacy of the ordinary agencies of the Poor-law system to deal with the present and probable state of things, the Government will specially instruct the Board of Guardians, and will take steps to strengthen the relieving staffs, increase the number of medical officers, and appoint competent nurses to attend upon the sick in localities where such assistance may be needful.—Mr. O'Connor Power (on going into Committee of Supply), to call attention to the Reports of Dr. Nixon and Dr. Woodehouse, presented to the Irish Local Government Board, and to the Reports of Dr. Sigerson, Dr. Kenny, and Mr. J. A. Fox, presented to the Dublin Mansion House Relief Committee, on the condition of the fever-stricken districts of Mayo and other parts of the west of Ireland; and to move: That, in the opinion of this House, the present condition of the agricultural population in Mayo, Sligo, and other parts of the west of Ireland demands the serious and immediate attention of Her Majesty's Government; that effective sanitary arrangements should be carried out in those districts under the authority of the Local Government Board; that it is essential, with a view to preventing the spread of contagious disease, that a change of nutritious food should be given to all persons receiving relief under the Poor-law, or under the system substituted for the Poor-law in certain localities, and that a competent medical staff should be organised without delay, and distributed over those parts of the country visited by fever.

On Tuesday, Lord Hartington read the latest telegrams on the disaster in Afghanistan, from which it appeared that Surgeon-Major Preston was amongst the wounded. The report of the Select Committee on the London Water Supply was brought up, and ordered to be printed.—The following notices were given:—Mr. Mackintosh,—To ask the Secretary of State for the Home Department, whether, as indicated in Her Majesty's Speech, the Lunacy Laws do not require amendment; whether it is the intention of Government to introduce a measure next session for amending these Laws; and whether the Government will, during the recess, institute a full and searching inquiry into the system and working of these Laws by a Royal Commission or otherwise, in order that, with the view of satisfactory legislation, the fullest possible information on the subject may be before Parliament.—Mr. Robert Fowler,—To ask the Under Secretary of State for Foreign Affairs, whether Her Majesty's Government have taken any steps to put an end to the interference, on the part of the Japanese Government, in the drug and chemical trades, which was the subject of a memorial, signed by several influential firms, to Lord Salisbury in August last.

On Wednesday Mr. Corbet postponed his question with regard to officers of lunatic asylums in Ireland until Monday.

On Thursday, Mr. Foster replied to Mr. Sexton that from the report of the medical officer of the Ballina District, it appears that there were under treatment only four cases of simple fever, two cases of rheumatic fever, and one family was convalescent after typhoid. The Local Government Board were very successful in checking the spread of disease, and he had not heard that the present system was inadequate; but, if necessary, the Local Government Board would issue orders to Boards of Guardians to strengthen their staffs. In answer to Mr. Mackintosh, Sir William Harcourt remarked that there was some ambiguity in the Hon. Member's question. With regard to the amendment of the Lunacy Laws, there had been two great speeches from the Throne this year, and this matter was not mentioned in the last speech. He could only say that he had no doubt that the Lunacy Laws did require amendment, but he could not state that a measure would be introduced next session. As to instituting inquiries during the recess, he thought that there was ample material already at

hand for legislation, if it were desired to legislate. Mr. Foster replied to Mr. Bellingham, that it was Boards of Guardians, and not the dispensary committees, who availed themselves of the Act of 1879. He would be happy to grant a return of the boards who had done so. Mr. Pugh gave the following notice for Monday next:—"To ask the Secretary of State for India whether the orders of the Governor-General of India, No. 13 of Jan. 3rd, 1880, Military Department, and No. 150 of March 13th, 1880, Home Department, do not contravene the provisions of Section 56 of the Stat. 21 and 22 Vict. c. 106, in that they alter the terms of service and the title to pay, pensions, allowances, privileges, and advantages as regards promotion of those officers; and whether such orders are not so far illegal and void; what redress it is proposed to grant to such officers of the Indian Medical Service as have already been prejudicially affected by the operation of these orders; and what steps it is proposed to take to prevent their further operation?"

# Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentleman was admitted a Fellow of the College on July 29th:—

Fox, Cornelius Benjamin, M.D. Edin., Ilfracombe.

On the same day the following gentlemen were admitted Members of the College:—

Biss, Cecil Yates, M.B. Camb., Sydenham-park.
Colquhoun, Daniel, M.B. Lond., Denmark-hill.
Gabbett, Henry Singer, M.B. Dub., Upper Bedford-place.
Horrocks, Peter, M.D. Lond., Merrick-square.
Ludwig, Gustav Heinrich Wilhelm Rudolph, M.D. Leipsic, German Hospital.
Maclean, Lachlan Hector J., M.D. Heidelb., Bernard-st.

The following gentlemen were at the same time admitted Licentiates of the College:—

Acland, Theodore Dyke, Vincent-square.
Adam, Caleb Donovan, London Fever Hospital.
Atkin, Charles, Sheffield.
Capon, Herbert James, M.D. Brussels, Edgware-road.
Cree, William Edward, Pemberton Villas.
Davies, Morgan, M.B. Aberd., London Hospital.
Dingley, Allen, Argyle-square.
English, Thomas Johnston, Fulham-road.
Faithfull, Robert Lionel, M.D. New York, Gower-street.
Falla, Walter, Jersey.
Hamerton, George Albert, Lambeth Infirmary.
Hanson, John Edward, Reedworth-street.
Hudson, Theodore Joseph, Pyrland-road.
Lawford, John Bowring, M.D. McGill, Palace-road.
Perkins, George Chapman Steele, Guy's Hospital.
Pilkington, Francis Sergent, Merrick-square.
Porritt, Norman, General Infirmary, Leeds.
Richardson, Charles Boards, Great Hadham.
Ross, James Fredk. Wm., M.B. Toronto, Oxford-terrace.
Routh, Amand Jules McConnel, Montagu-square.
Sanders, John William, M.D. Brussels, Guy's Hospital.
Stansby, Charles John, Hoxton-street.
Sutcliffe, John, Denmark-hill.
Ware, John William Langston, Barnstaple.
Warren, Henry Guy Seymour, Cambridge-street.
Wigg, Alfred Edgar, M.D. Brussels, Albert-street.
Wilson, John, St. Bartholomew's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen having passed the required examination for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on the 29th ult.:—

Ackery, John, Queen Anne street.
Baddeley, Charles Edward, L.S.A., Newport, Salop.
Buxton, Thomas, Fazeley, Staffordshire.
Colledge, Lesley Robert, Surbiton.
Collingwood, David, Liverpool.
Cook, Jonathan Neild, Rochdale.
Marlow, Frank William, Wantage.
Shearman, Percy Edward, Wimbledon.
Smith, William Alexander, Clifton, near Bristol.
Stevenson, Henry Wickham, L.S.A., Castletown, Isle of Man.
Turton, James, L.S.A., Portsmouth.
Wood, Arthur George, Trinity-square.

The following gentlemen were admitted Members on the 30th ult.:—

Brookes, Frederick William, Westminster-bridge-road.
Bullar, John Follett, Southampton.
Elliott, Nicholas Philipps, St. George's-road.
Evans, Arthur Owen, Oswestry.
Greensill, James Haynes, Great Whitley.
Hart, Alfred Paul, L.R.C.P. Edin., Norwich.
Henry, George McWilliams, Omagh, co. Tyrone.
Hunt, James Sidney, Bexley, Gloucestershire.
Maudsley, Henry, Settle, Yorkshire.

Of the 241 candidates examined during the past fortnight, 134 passed to the satisfaction of the Court, and obtained their diplomas; 14 passed in Surgery, and when qualified in Medicine will be admitted Members; the remaining 93 failed to reach the required standard, and were referred for six months' further professional study. Nine candidates who had passed in Surgery at previous examinations, having subsequently obtained a medical degree or licence recognised by the College, were also admitted Members. With this meeting the Professional Examinations were brought to a close, until November next. The Museum and Library will be closed as usual during the month of September for the necessary repairs, painting, cleaning, &c.

The next Preliminary Examination for the diplomas of Member and Fellow of the Royal College of Surgeons will be held on Tuesday, Wednesday, and Thursday, Sept. 7th, 8th, and 9th, at the University of London, Burlington-gardens. Candidates going in for this examination are reminded that their forms of admission, properly filled up, must be forwarded to the Secretary of the Royal College of Surgeons, Lincoln's-inn-fields, on or before the 17th inst.

UNIVERSITY OF LONDON.—The following candidates have passed the recent Preliminary Scientific (M.B.) Examination:—

FIRST DIVISION.

Aikin, William Arthur, Guy's Hospital.
Alcock, Samuel King, High School, Newcastle-on-Tyne.
*Allen, Henry. (Private study.)
*Anderson, George Elliott Caldwell, South African College and Guy's Hospital.
Andrews, Charles, University College.
*Barratt, John Oglethorpe Wakelin, University College.
*Bowes, William Henry, Epsom College.
Bowman, Henry Claxton, Owens College.
Brock, James Harry Ernest, University College.
Carr, John Walter, University College.
Cave, Edward John, St. Bartholomew's Hospital.
*Chapman, Harry Cecil, St. Bartholomew's Hospital and Royal School of Mines.
Child, Herbert, Yorkshire College, Leeds.
Dunn, Louis Albert, Guy's Hospital.
*Edmunds, Percy James, University College.
Flemming, Percy, University College.
Fowler, Alfred Henderson, Guy's Hospital.
Glover, John Philip, St. Thomas's Hospital.
Guy, William, University of Edinburgh.
Halstead, George Ezra, B.A., Guy's Hospital.
Hart, Herbert Wheatley, Westminster and Guy's Hospitals and Birkbeck Institute.
*Hurst, Walter, Owens College.
Innes, Charles Barclay, University College.
Jones, Frederick Wm. Caton, St. Bartholomew's Hospital.
Jones, Hugh Edward, Guy's Hospital.
Jones, Samuel Cromwell, University College.
Lyndon, Arnold, St. Bartholomew's Hospital.
Marriott, John, Charing-cross Hospital.
Mathews, Frank Edward, Owens College.
Mumby, Langton Philip, St. Thomas's Hospital.
*Ransom, William Bramwell, University College.
Robinson, Henry Betham, St. Thomas's Hospital.
Shipley, Arthur Everitt, St. Bartholomew's Hospital.
Thane, Edgar Herbert, University College.
Thomas, Benjamin Wilfred, Charing-cross Hospital.
Watson, William Ivens Buswell, Guy's Hospital.
Wells, George Lee, Yorkshire College, Leeds.
Williams, Reginald Mazio, St. Thomas's Hospital.
Williamson, Richard Thomas, Owens College.

SECOND DIVISION.

Adami, John, George, Owens College.
*Adie, Joseph Rosamond, University College.
*Andrews, Edward Collingwood, University College.
Arkle, Charles Joseph, University College.
Bailey, William Henry, St. Bartholomew's Hospital.
Barnett, Lawrence, University College.
*Biden, Charles Walter, Charing-cross Hospital.
Black, Robert, London Hospital.
Bohrsmann, Matt. Chn. R., B.A. Syd., University College
Bown, Arthur Thomas, St. George's Hospital.
Buckmaster, George Alfred, St. George's Hospital.
Bullock, Thomas Warren, St. Thomas's Hospital.
Calvert, James, St. Bartholomew's Hospital.
Carpenter, George Alfred, St. Thomas's Hospital.
Castle, Bernard, St. Bartholomew's Hospital.
*Childe, Letterstedt Frederick, Guy's Hospital.
Cocking, William Tusting, University College.
Crowther, Fredk. Wm., University College and private study.
Downing, Charles, St. Bartholomew's Hospital.
Dresser, William Grey, Owens College.
Earle, Walter George, University College.
Fisher, Henry Holdrich, Epsom College.
Frames, Alfred Cromwell, St. Bartholomew's Hospital.
France, James Mead, Guy's Hospital.
Francis, Alfred George, University College.
Freeland, Freeland John, King's College.
*Gow, William John, Owens College.
*Grant, William Francis, University of Edinburgh.
*Griffiths, William, University and Regent's-park Colleges.
Habershon, Samuel Herbert, Trinity College, Cambridge.
Hart-Smith, Franke Chamberlain, University College.
Helme, Thomas Arthur, University College and University of Edinburgh.

Kauffmann, Otto Jackson, Owens College.
Larkin, Frederick Charles, Liverpool School of Medicine.
Lawson, Robert, St. Thomas's Hospital.
*Leach, Priestley, Owens College.
Macartney, Edward Kendrick, University College.
M'Cabe, William Alexander Bowes, University College and Victoria College, Jersey.
Melson, George Hyde. (Private tuition.)
Meyer, Charles Hartvig Lomo, Guy's Hospital.
Moss, Arthur James, Owens College.
*Mukerji, Phani Bhushan, University College.
Muspratt, Charles Drummond, Guy's Hospital.
Napier, Francis Horatio, St. Bartholomew's Hospital.
O'Connor, Edward Kersey, University College.
Parker, Herbert, St. Bartholomew's Hospital.
Pearson, James, University College.
Pereira, Conrad, University College.
*Perez, George Victor, University College.
Pollard, George Richard M'Intosh, Guy's Hospital.
Purnell, Purnell, Guy's Hospital.
Rooms, Stanley Molesworth, Epsom College.
Shillito, Henry, Queen's College, Birmingham.
Spencer, Walter Baldwin, Old Trafford School, and Owens College.
*Stevenson, George, St. Bartholomew's Hospital.
Storrar, William Morrison, University of Edinburgh.
Taylor, Charles Henry, King's College.
Taylor, Joseph, University College.
Turner, Phillip Dymock, University College.
Vince, John Foster, Queen's College, Birmingham.
Voelcker, Arthur Francis, University College.
Walsh, John Henry Tull, Westminster Hospital.
*Warrick, Frederic Walmsley. (Private study.)
Weighell, Christopher William, University College.
Williams, Patrick Watson, University College, Bristol, and private study.
Williams-Freeman, John Peere, University College.

* These candidates have also passed in the Mathematics of the First B.Sc. Examination, and are now admissible to the Second B.Sc. Examination.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on July 29th :—

Addison, Charles James, Weymouth.
Crosse, William Henry, Guy's Hospital.
Farmer, Ernest William White, University College.
Maxwell, Charles Mayne, Euston-road.
M'Alister, Donald, St. Bartholomew's Hospital.
Rhodes, James Havelock Alexander, Osmond-street.
Rigby, John, Preston.

The following gentlemen also on the same day passed their Primary Professional Examination :—

George Adkins and John Sinclair, London Hospital; Francis Henry Furnival, St. Thomas's Hospital; Michael John Verdon, King's College.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The following gentlemen have passed the First and Second Professional Examinations respectively for the double qualification granted conjointly by these two bodies, at the quarterly examination held in July :—

FIRST EXAMINATION.

| | |
|---|---|
| Crean, William. | Gemmel, Archibald B. |
| Corkery, W. | Hannah, Frederick R. |
| Dawson, J. M. | Maidment, F. G. |
| Donkin, Charles. | |

SECOND EXAMINATION.

Boyd, James D., M.B. Glasgow.
Fergusson, James H., Londonderry.
Jackson, William, Glasgow.
Love, John, Glasgow.
Macdonald, John, Glasgow.
Pickworth, Alfred J., Liverpool.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—The following gentlemen have passed the First and Second Examinations respectively :—

FIRST EXAMINATION.

| | |
|---|---|
| Bluett, P. E. W. | Dickson, Peter S. |
| Beatty, W. J. | Partrige, W. S. |
| Brownlow, Ed. | Taylor, Alfred. |
| Cameron, Angus. | |

SECOND EXAMINATION.

Beheim-Schwarzbach, B., M.D. Würzburg.
Chalmers, Alexander, Glasgow.
Erson, W. R., L.S.A., Huddersfield.
Kelly, M. F., L.A.H., Felling.
Luddell, J. L., L.S.A. London.
Macmillan, Colin, Glasgow.
Macdonald, William, Glasgow.
Phillips, W., B.A., Portarlington.
Tinsley, Seth, Malton, Yorkshire.

THE will of Dr. Alfred Swaine Taylor has been proved under £60,000.

MR. A. J. NUNN, late District Medical Officer of the Alderbury Union, has been granted a superannuation allowance of £20 a year.

A CENTRE for the St. John Ambulance Association has been formed at Halifax, and classes are being organised to impart instruction in the first treatment of injured persons. Dr. Britton is the secretary of the new centre.

THE sum of £1800 is stated to have been received as the result of the bazaar lately held for the benefit of the Essex and Colchester Hospital. After the incidental expenses have been defrayed it is expected there will be a surplus to be handed over to the treasurer of the hospital sufficient to reduce the debt due in respect of the recent improvements in the building to about £900.

DR. DAVIDSON, of Banbridge Union, has been refused a retiring allowance of two-thirds of his salary as late medical officer of Crossgar Dispensary, although he had served in that position for the past forty years. We regret that the Banbridge Guardians should have acted in the way they have done to a gentleman who has always efficiently discharged the duties of his office, and who is obliged to retire in consequence of declining health.

WIGAN INFIRMARY.—By permission of the Corporation a gala was held in the Park on Monday, in aid of the funds of the above infirmary.

PRESENTATION. — A handsomely illuminated address and solid silver salver, with a pair of goblets, were presented to Alexander Flood, Esq., who lately resigned the Holywell Dispensary District in the Enniskillen Union, of which he was medical officer for thirty-four years. The presentation was made on Thursday, the 29th ult., by a large deputation, headed by James Bracken, J. P., and Rev. Dr. Clarke, who were chairman and secretary respectively of the Presentation Committee.

YOUGHAL WATER-SUPPLY. — The Town Commissioners having resolved to abandon the waterworks scheme, the Local Government Board for Ireland have requested them to obtain from the medical officer of health a special report as to the sufficiency and wholesomeness or otherwise of the existing water-supply in the urban district. The Board further ask if the pump in Friar-street, which had been condemned as being impure and unfit for dietetic purposes, is still used by the people of that district. A committee has been appointed to obtain samples of the water for analysis.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.—There was a good attendance at the annual meeting of this Association held on the 30th July at the Royal College of Physicians, under the presidency of Mr. Mould of Cheadle. At the morning sitting a hearty vote of thanks was accorded to Dr. Lush, the retiring President, and the usual routine business was transacted. In the afternoon the President read a carefully-prepared and exhaustive address, introducing, among other topics for discussion, the question of providing detached villa-residences for lunatics apart from the asylum proper; and Dr. Boyd read a paper upon the simplification of admission formalities. The members dined together in the evening at Willis's Rooms, when they were joined by the Earl of Shaftesbury, Mr. J. T. Hibbert, M.P., and other distinguished guests. Lord Shaftesbury's health having been enthusiastically drunk, his lordship, in feeling terms, expressed the great pleasure it gave him to meet a body of medical and scientific gentlemen, of whose services he could speak with the greatest gratitude. Referring to the length of time during which he had been connected with lunacy work, he favourably contrasted the present state of things both in public and private asylums with that in former years, and alluded to the conscientious manner in which medical practitioners had discharged the duties imposed upon them by the Lunacy Acts, as proved by the evidence adduced before the Parliamentary Committee. The present tendency (one to be guarded against in the public interest) was to let out everybody who was shut up, and henceforward to shut up nobody at all. It was to be hoped that, when measures of lunacy reform were decided upon, nothing would be done which would throw unnecessary impediments in the way of early treatment by a mistaken delicacy in regard to the "liberty of the subject." The two great principles to be maintained were a thoroughly efficient, permanent, and independent body of visitors, and every facility, under proper control, for early treatment. The toast of the House of Commons was responded to by Mr. Hibbert, M.P.

CHARING-CROSS HOSPITAL.—At the recent Distribution of Prizes Lord Watson, late Lord Advocate and M.P. for the Universities of Glasgow and Aberdeen, presided, and after the distribution addressed the company in a felicitous speech, which showed his high appreciation of the profession of Medicine. The following is a list of the prizemen, &c.:—Llewellyn Scholarship, Charles Rout. Golding Scholarship, W. B. C. Treasure. Governor's Clinical Gold Medal, C. W. G. Burrows. The Pereira Prize, C. R. Lyster. Senior Anatomy, D. L. Jones, silver medal; W. Tibbles, W. B. C. Treasure, J. L. Rodwell, J. Donald, certificates. Junior Anatomy, W. H. Haw, bronze medal; E. S. Josling, B. W. Thomas, A. F. Turner, certificates. Senior Physiology, J. T. Tibbles, silver medal; J. Donald, W. B. C. Treasure, D. Llewellyn Jones, W. Tibbles, certificates. Junior Physiology, H. d'Arcy Power, bronze medal; E. S. Josling, E. Berkley, certificates. Chemistry, B. W. Thomas, silver medal; J. Marriott, A. E. Nelham, R. S. Oram, certificates. Senior Medicine, Charles Rout, E. E. Newnham, silver medals; C. W. G. Burrows, A Honman, certificates. Junior Medicine, H. R. Hancock, bronze medal; J. Donald, W. C. Beatley, J. H. Taylor, certificates. Senior Surgery, Edwin Wooton, silver medal; C. W. G. Burrows, Charles Rout, certificates. Junior Surgery, J. Donald, bronze medal; G. Locke, certificate. Botany, S. Wyborn, silver medal; J. Donald, W. B. C. Treasure, certificates. Materia Medica, G. Locke, silver medal; H. R. Hancock, W. B. C. Treasure, certificates. Midwifery, Charles Rout, silver medal; A. Honman, certificate. Forensic Medicine, C. W. G. Burrows, silver medal; W. J. Haddock, certificate. Pathology, A. Honman, silver medal, W. Niblett, certificate. Practical Chemistry, W. C. Beatley, Silver medal.

BEQUESTS ETC. TO MEDICAL CHARITIES.—Mr. James Macgregor Mackay, of Brighton, bequeathed £1000 to the Edinburgh Royal Infirmary. Miss Jessie Gordon bequeathed £1000 to the Paisley Infirmary and Dispensary. Mr. John Cuttell, of Long Walls, has given £1000 to the Huddersfield Infirmary. Mr. R. Barnard, of Painswick, bequeathed £200 each to the Stroud Hospital, the Bristol Infirmary, the Gloucester Infirmary, and the Bristol General Hospital, and £100 each to the Hospital for Incurables at Putney and the Asylum for Idiots at Earlswood. The Worcester Infirmary has become entitled to £100 under the will of Dr. Nash. Lady Codrington has given £50 to the Victoria Hospital for Sick Children. The Mercers' Company have given thirty guineas to the West-end Hospital for Paralysis and Epilepsy. Mrs. Ann Cash, of Hackney-road, bequeathed £300 each to the Central London Ophthalmic Hospital, the German Hospital, the North-Eastern Hospital for Sick Children, the London Hospital, and the Metropolitan Free Hospital, and £100 to the Royal Hospital for Incurables. "The Misses B." have given one hundred guineas to the building fund of the North London Hospital for Consumption, and three hundred and fifty guineas to name and endow a bed. The Charing-cross Hospital has received £105 from the Mercers' Company, and £100 from the Goldsmiths' Company. The Trustees of the residuary estate of the late Sir George Bowles have assigned £2000 to the Shepton Mallet District Hospital.

# Medical Appointments.

*Intimations for this column must be sent* DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning, at the latest.*

BENHAM, F. L., M.B., has been appointed Resident Clinical Assistant to the West Riding Asylum, Wakefield.

BRYDEN, R. J., M.R.C.S.E., L.S.A.L., has been appointed Physician's Assistant to the Bristol General Hospital, vice E. W. Hope, M.B., resigned.

GROGHEGAN, E. G., M.D., has been appointed Assistant Medical Officer to Portsmouth Borough Asylum, vice Hay, resigned.

GEORGE, G. A., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Dorchester District and the Workhouse of the Dorchester Union, vice Emson, resigned.

GOYDER, C. M., M.R.C.S.E., L.R.C.P.L., has been appointed Senior House-Surgeon to the Newcastle-on-Tyne Infirmary, vice J. D. Dixon, M.D., resigned.

HEATON, C. W., F.C.S., has been reappointed Public Analyst for the Parish of St. Martin-in-the-Fields, for one year. £50 per annum and fees.

HOPKINS, J. W., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer to the Eccleshall District of the Stone Union.

HORNE, A. J., L.R.C.S.I., L.K.Q.C.P.I., has been appointed Assistant-Physician to the Rotundo Hospital, Dublin.

JONES, T., M.B., F.R.C.S.E., has been appointed Consulting Surgeon to the Children's Hospital, Pendlebury.

KEELAN, P., L.R.C.S.I., L.K.Q.C.P.I., has been appointed Medical Officer to the Callon Dispensary, Ardee Union.

LYTLE, J., M.D., M.Ch., has been appointed Junior House-Surgeon to the Wigan Infirmary, vice J. C. B. Robinson, L.R.C.P. &c., resigned.

MCARDLE, Mr. J. S., has been appointed Resident Surgeon to St. Vincent's Hospital.

MCDONNELL, E. P., L.R.C.S.I., has been appointed Resident Surgeon to Gervis-street Hospital, Dublin.

MANBY, F. E., F.R.C.S.E., has been appointed Honorary Surgeon to the Wolverhampton and Staffordshire Hospital, vice Newnham, resigned.

MONTFORT, A. H., M.D., M.Ch., has been appointed Assistant House-Surgeon and Dispenser to the Kent and Canterbury Hospital, vice Mr. T. F. Vaisey, resigned.

NEWNHAM, C. A., M.R.C.S.E., L.S.A.L., has been appointed Consulting Surgeon to the Wolverhampton and Staffordshire General Hospital.

O'CONNOR, C. J., L.R.C.S.I., L.K.Q.C.P.I., has been appointed Medical Officer to the Clane Dispensary, Naas Union.

O'DEA, P. St. L., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the Ennistymon Dispensary, Ennistymon Union.

RICHARD, B. M., L.F.P.S.G., has been appointed Medical Officer of Health for the Burgh of Dumbarton.

SUTHERLAND, J. F., M.B., has been appointed Surgeon to H.M. Prison, Duke-street, Glasgow, vice Leishman, resigned.

WALSH, J. I., L.R.C.S.I., L.R.C.P.Ed., has been appointed Medical Officer to the Kilmacthomas Dispensary, Kilmacthomas Union.

WILKINS, G. H., M.R.C.S.E., has been appointed Visiting Medical Officer to the St. Michael's District of the South Lambeth, Stockwell, and North Brixton Dispensary.

WRIGHT, G. A., M.B., B.A., F.R.C.S.E., has been appointed Surgeon to the Children's Hospital, Pendlebury, vice Jones, resigned.

# Births, Marriages, and Deaths.

## BIRTHS.

ARNOTT.—On the 29th ult., the wife of Sandford Arnott, M.R.C.S.E., of a son.

KENNEDY.—On the 3rd ult., at H.M. Penal Settlement, Essequibo, British Guiana, the wife of David Kennedy, M.B. &c., of a son.

LEACHMAN.—On the 27th ult., at Fairley, Petersfield, the wife of A. Warren Leachman, M.D., of a son.

MAY.—On the 28th ult., at Pentonville-road, N., the wife of Edward H. May, Surgeon, of a daughter.

PURDON.—On the 14th ult., at Guernsey, the wife of J. E. Purdon, Esq., M.B., Surgeon-Major, of a daughter.

## MARRIAGES.

CHARLES—GORDON.—On the 31st ult., at St. Matthias', Earl's-court, T. Cranstoun Charles, M.D., to Georgiana, daughter of the late Adam A. Gordon, M.A.

FOSTER—WEBB.—On the 27th ult., at St. Barnabas Church, Pimlico, Henry George Foster, Esq., of Attleborough, Norfolk, to Mary Clementina, second daughter of Dr. Edward Lowe Webb, of St. George's-road, Pimlico, S.W.

NEWTON-CLARE—ANSCOMBE.—On the 28th ult., at St. Jude's, Mildmay-park, Edward S. Newton-Clare, M.R.C.S.E., of Calne, Wilts, to Emma Anscombe, niece and adopted daughter of the late Thomas Honychurch, of Mildmay-park.

O'BRIEN—MEREDITH.—At the Church of St. Joseph, Highgate, London, Michael Joseph O'Brien, L.K.Q.C.P.I., to Lizzie Baldwin, third daughter of the late William Meredith, of Derrylough, Queen's County, Ireland.

WALKER—ORIEL.—On the 15th ult., at St. Mary's, West Kensington, by the Rev. J. F. Sergeant, M.A., Vicar, assisted by the Rev. J. Henry Smith, B.A., of Dulwich College, Horace Walker, L.R.C.P.L., M.R.C.S.E., of No. 4, The Cedars, West Kensington, to Maria Louisa, third daughter of the late Dr. Oriel, of Alfred-place, W.C., and of Mrs. Oriel, of Elms House, West Kensington. At home after August 15th.

WORSLEY-BENISON—DAVEY.—On the 29th ult., at Harecourt Congregational Church, Canonbury, by the Rev. W. M. Statham, Henry Worsley Seymour Worsley-Benison, eldest son of the late Henry Worsley-Benison, Esq., of Bristol, to Mary Louisa, second daughter of the late Charles Davey, Esq., of Canonbury.

## DEATHS.

GRIERSON.—On the 30th ult., at Towerside, Weston-super-Mare, the residence of her son-in-law, Major-General Hailes, Mary McCulloch, widow of David Grierson, M.D., Deputy Inspector-General of Hospitals, Poona, in her 71st year.

HEELIS.—On the 1st inst., at his residence, Blatchington-road, West Brighton, Sussex, Robert Heelis, M.R.C.S.E. & L.A.C., aged 81.

KENNY.—On the 18th ult., Dr. Randal Y. Kenny, of Killeshandra.

ROBERTSON.—On the 24th ult., at Redland-green, Bristol, H. Robertson, M.D.

**N.B.—*A fee of 2s. is charged for the insertion of Notices of Births, Marriages, and Deaths.***

## METEOROLOGICAL READINGS.

*(Taken daily at 8 a.m. by Steward's Instruments.)*

THE LANCET OFFICE, August 5th, 1880.

| Date. | Barometer reduced to Sea Level, and 32° F. | Direction of Wind. | Dry Bulb | Wet Bulb | Solar Radia in Vacuo | Max. Temp Shade | Min. Temp | Rain fall. | Remarks at 8.30 A.M. |
|---|---|---|---|---|---|---|---|---|---|
| July 30 | 29·57 | S.W. | 58 | 57 | 107 | 71 | 54 | 0·60 | Raining |
| ,, 31 | 29·79 | N.W. | 59 | 53 | 110 | 71 | 49 | 0·20 | Fine |
| Aug. 1 | 29·72 | N.E. | 57 | 55 | 95 | 67 | 54 | 0·10 | Raining |
| ,, 2 | 29·66 | W S W | 62 | 58 | 97 | 66 | 51 | .. | Overcast |
| ,, 3 | 29·80 | W. | 58 | 55 | 104 | 73 | 50 | 0·18 | Fine |
| ,, 4 | 29·92 | W. | 65 | 61 | 106 | 75 | 56 | ..] | Cloudy |
| ,, 5 | 29·96 | S.W. | 64 | 61 | 112 | 77 | 57 | .. | Overcast |

# Notes, Short Comments, and Answers to Correspondents.

*It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.*

*Local papers containing reports or news-paragraphs should be marked.*

*Lectures, original articles, and reports should be written on one side only of the paper.*

*We cannot prescribe, or recommend practitioners.*

*All communications relating to the editorial business of the journal must be addressed "To the Editor."*

*Letters relating to the publication, sale, and advertising departments of* THE LANCET *to be addressed "To the Publisher."*

### FINGERS v. KNIVES AND FORKS.

THE arrangements devised by the authorities presiding over the education of the children of the new Parochial Schools at Bedminster would appear to be distinguished by a charming simplicity, almost indeed of a primitive character. The teaching of the young idea how to shoot seems, at all events, in the opinion of the guardians of the poor children of Bedminster, not to include impartation of the knowledge of the use of the knife and fork. The following is from the *Bristol Mercury*:—"Mr. Richard Harding said that the Visiting Committee had gone through the new schools that morning, and were generally pleased with the arrangements. On visiting the dining apartment, however, they found the children's dinners ready, but beyond a spoon there was nothing for them to eat with. From inquiry he found they had to use their fingers, and he did not think such a thing should continue. There was little use in training them properly and forcing them to eat their food like cannibals. He thought that knives and forks should at once be ordered." We think so too. Either give the knives and forks, or take away the spoons and revert to the "natural" mode of devouring.

*Pericula.*—Our correspondent's power of recovering for the period in question is very doubtful.

*Eucalyptus.*—We cannot supply the information required.

*Sardinia.*—Barnes.

### PASSAGE OF A FISH-BONE FROM MOUTH TO ANUS WITHOUT CAUSING INJURY.

*To the Editor of* THE LANCET.

SIR,—Last night (August 3rd) a carman in the employ of one of the great Railway companies applied to me for advice with regard to a swelling about the anus. He had only noticed it during the day, and it had given him great pain during defecation and while sitting on his box. On my seeing him a little after 8 P.M., and hearing his story, my first thought was that he had an inflamed pile, and I asked him to let me see the swelling. On looking I could see nothing but some pieces of skin about the anus (condylomata), and nothing to give rise to his symptoms. I then touched these, and in one of them, where he felt the most pain, I felt a hard, sharp substance, giving me the idea that I had to deal with a needle. On using gentle traction upon the point which protruded, I was able to bring away a fish-bone (apparently from a haddock), about an inch or rather more in length, with complete relief of all symptoms.

The patient's history is this: On July 31st (i.e., three days before) he had eaten haddock for supper, and no fish since. This bone then must have passed from mouth to anus, and, fortunately for him, without causing perforation. The case is worth recording, as showing how necessary it is always to examine every case of piles coming before a medical man.

I am, Sir, yours &c.,

Fore-street, E.C. T. ROWING FENDICK, L.R.C.P. Edin.

### LUNATICS IN IRISH WORKHOUSES.

AT the close of last year, 3491 lunatics were located in 163 unions throughout Ireland, of which number 1382 were males and 2109 females, being 154 in excess of the previous year. A distinct and progressive contrast is noticeable as regards idiocy; for enumerating, on the one hand, the simply idiotic, and the idiotic or imbecile labouring under epilepsy, those under thirty years of age amount only to 560 between both sexes, while those over that age reach 1198. Hence it may be naturally inferred that in the present generation the recurrence of idiocy is on the decline—a fact, no doubt, attributable in great measure to the safe harbouring of the afflicted in early life through the instrumentality of asylums and poorhouses, with a consequent check to its propagation.

### SIMULATED (OR SO-CALLED) HYSTERICAL ERUPTIONS OF THE SKIN.

*To the Editor of* THE LANCET.

SIR,—The following eruptions of the skin we may find more generally imitated—viz., pemphigus, erythema, eczema, dyschromata or discolorations, ulcerations, and sometimes alopecia. Several cases of simulated eruptions having been brought under my notice lately, and more particularly one very forcibly, I deem it worthy to bring them to the notice of the profession, as they may occasionally occur in practice. Hysteria as a term has been applied to those simulated eruptions of the skin, and no doubt hysteria is an imitative disease, and is seen in many and strange forms, as fasting, of which several instances occur to most of our memories. Notwithstanding these simulated eruptions are mostly to be found amongst the female sex, and that hysteria mostly occurs to them about the time of puberty, I do not think we must take all we see for granted as hysterical; indeed I have seen several of these so-called hysterical skin affections very soon pass away when treated firmly and kindly. I have heard of and read of some cases of simulated eruptions seen in males; but I confess I have only seen one, and that a very doubtful case—that of a man, who I firmly believe only came to the hospital to be taken in for his keep, who had patches of ecchymosed skin caused by pinching I had no doubt, and, after being questioned closely, suddenly left the hospital.

The first case was an example of imitated erythema marginatum, and very well copied, too, by a well-nourished young woman, aged twenty-two, about middle height, and sallow complexion. She came under my notice at the hospital on the 22nd of April last, with an eruption on the breasts, shoulders, forehead, and inner side of the ankles, of a bright red colour, scaly, and "very tender to the touch," and accompanied with inflammation. In parts there were seen long scabs, caused by the patient's scratching; eczema even had come out, so great was the irritation set up in the skin. In other parts were seen brownish stains, not unlike old syphilitic stains. The girl's history of the eruption was that at first there came out small patches of redness on the arms, very irritable, and showing some small blisters, gradually spreading, and that she had been under Dr. Broadbent's and Mr. Morris's care at St. Mary's Hospital for three weeks. Not quite understanding the character of the eruption at first, I closely questioned the girl, and desired the matron to watch her very closely, as I strongly suspected the nature of the eruption. After a few days, and at my next visit to the hospital, the matron brought me a small paper-bag, which had contained mustard, and which she had found secreted by her. This made it quite clear how this assumed erythema was caused. I then wrote to Dr. Broadbent, who kindly informed me "that there had been a patient suffering from an anomalous eruption of the skin, which he found to be caused by mustard, but unfortunately she went out of the hospital unexpectedly before he had the opportunity to speak to her. I merely used a little vaseline to the skin, which soon healed it.

The second case was that of a young woman, aged thirty-six, who came to me in August last with an eczematous eruption on both legs, on no other part of the body, the patches nearly symmetrical in size, which she said she had had on and off for some years, and had seen several medical men for it. From the sharply-defined nature of the eruption, and from the fact of the patient asking me to write a certificate to enable her to obtain benefits while she should be laid up, I had my doubts as to the case, and much confusion arose to her on my closely questioning, and her admitting the fact of the self-infliction.

The third case was that of a girl about eighteen, who came to see me with an eruption of well-marked bullæ on the anterior surface of both legs, on no other part of the body, quite distinct, closely simulating pemphigus, which I elicited was caused by applying blistering fluid. This patient was certainly subject to hysteria, the menses being regular. But certainly others I have seen could not be put down to hysteria.

Yours truly,

Sackville-street, July, 1880. JAMES STARTIN.

### CURIOUS CASE IN VETERINARY PATHOLOGY.

*To the Editor of* THE LANCET.

SIR,—I have a greyhound puppy, aged three months, and ever since he could see there is on the ball of each eye at the outer corner a quantity of hair, which entirely covers the white of that part, and approaches quite up to the pupils. I have shown the dog both to a surgeon and veterinary surgeon, and they have never met with a similar case. If any of your readers have, I should be glad to hear as to what treatment was adopted.

I am, Sir, yours &c.,

July, 1880. COURSER.

## MEDICAL ETHICS.

*To the Editor of* THE LANCET.

SIR,—We hope you will find space in your journal to insert the following correspondence between ourselves and Dr. Davison, which we shall be also glad to learn your opinion and the opinion of the profession generally concerning.

After receiving the first two letters of Dr. Davison's, refusing to release Mrs. S—— from her arrangement with him, which release we believed any medical man would at once have given who knew all the facts as Dr. Davison said he did, we again called on Mrs. S——, and said that if she really wished Dr. W. H. Sheehy to attend her as before, he would do so, and would forward the fee (two guineas) to Dr. Davison, as that was the only way by which an arrangement could be made.

We are, Sir, yours truly,

W. H. SHEEHY.
Claremont-square, N., July 2nd, 1880. PATMORE SHEEHY.

[COPY.]

8, Oxford-terrace, Upper Holloway, N., May 26th, 1880.

SIR,—Mrs. S——, of ——, who engaged me some time ago to attend her in her confinement, writes me this morning, asking whether I will release her from her engagement, *because you were good enough to call upon her yesterday, and make her an offer of your services.*

I have refused to release her, as I do not consider her reason for wishing to break our arrangement a valid one, unless on the condition of paying my fee—viz., £2 2s. If under the circumstances you are disposed to hand me that amount, you are at perfect liberty to do the necessary work.

I am, Sir, yours faithfully,

Dr. Sheehy. JAS. DAVISON.

[COPY.]

4, Claremont-square, N., May 26th, 1880.

DEAR SIR,—I have received your letter concerning Mrs. S——. The facts you do not appear to quite understand.

Mrs. S—— has been a patient of mine for many years, and in all her confinements I have attended her. This winter my health has been much affected, so that Mrs. S—— believed that I should not be able to attend her as before.

I called on Mrs. S—— yesterday, as I promised some time ago, not knowing Mrs. S——'s condition, and not knowing that she had spoken to any medical man about herself. Mrs. S——, on finding that I was able to attend her as before, naturally wished that I should do so.

I am, yours truly,

Dr. Davison. W. H. SHEEHY.

[COPY.] May 26th, 1880.

DEAR DR. SHEEHY,—I have written to Mr. Davison, and he does not seem willing to give me up. He does not think it fair, so we must let the arrangement remain. No doubt you will hear from him.

Trusting it will not make any difference in the future,

From yours very truly,

L. S——.

[COPY.]

8, Oxford-terrace, Upper Holloway, N., May 28th, 1880.

SIR,—I am in receipt of your letter of the 26th inst., in reply to mine respecting Mrs. S——. Pardon me, but your letter is most unsatisfactory to me. You are in error in supposing I did not know all the facts. I knew all you mention in your letter, and something more.

The fact of Mrs. S—— having duly engaged me should have been in itself sufficient to have prevented you putting pressure on her to get out of her distinct engagement. In commercial life your conduct would be much reprobated, and in our profession I think such behaviour cannot be too severely condemned.

Your letter does not deal with my proposition to you, and I shall therefore assume that you are not so desirous of attending Mrs. S—— that you will feel disposed to do so without fee.

Take my advice—viz., leave touting to tradesmen, and in doing so you will earn for yourself and your profession respect.

I am, Sir, yours faithfully,

Dr. Sheehy. JAS. DAVISON.

[COPY.]

4, Claremont-square, N., June 3rd, 1880.

SIR,—My father attended Mrs. S—— this afternoon for the seventh time. He forwards a cheque for two guineas, as demanded in your ungentlemanly and unprofessional letters. An acknowledgment of it he requests.

I am yours truly,

Dr. J. Davison. PATMORE SHEEHY.

[COPY.]

8, Oxford-terrace, N., June 4th, 1880.

SIR,—I am in receipt of cheque for two guineas (Mrs. S——'s fee), for which I thank you. I quite expected the cad's cry of "ungentlemanly" and "unprofessional." Our mutual agreement in these points is remarkable, with this difference, that it never occurred to me to suspect your father of being a gentleman.

I am, Sir, yours truly,

Mr. P. Sheehy. JAS. DAVISON.

*Dr. Davison's Explanation of Correspondence between Dr. Davison and Dr. Sheehy.*

Last February I received a message to call and see a Mrs. S——, who was desirous of engaging me to attend her in her confinement. I called in the course of the day, and Mrs. S—— duly engaged me to attend her in June. Mrs. S—— explained that she had been previously attended by Dr. Sheehy, but now wished to change her medical attendant, because she considered it too far to send to Pentonville for Mr. Sheehy, now that she had moved her residence to Upper Holloway. Besides, she added she was sorry to say Dr. Sheehy's eyesight was very bad, and she was afraid to trust him. Having only recently come into this neighbourhood, she had also to change her nurse, and I took some pains to secure her a good one. So far all was satisfactory, and I confess I was rather surprised to receive a note by hand of a relative of Mrs. S—— a few days before her confinement, asking whether I would release her from her engagement, because, as her note says, "Dr. Sheehy had called upon her, and *offered her his services.*" The relative who brought the note stated that Dr. Sheehy's visit and *offer* had quite upset Mrs. S——. I at once declined to release her from her engagement, as I did not consider Dr. Sheehy's *offer* quite a correct proceeding, nor a valid reason why I should give up an engagement I was prepared to carry out. Mrs. S—— the same day sent me a second note, which I here copy:—

"DEAR DOCTOR,—I should be very sorry to have any unpleasantness, so will let our arrangement remain. Hoping to see you soon."

I wrote Mr. Sheehy at once, telling him of my refusal to give up my engagement unless on payment of my fee. His reply was evasive, and I was informed by the nurse that it was his intention to attend the case, and simply ignore my engagement. I wrote him again in language no one could mistake, the reply to which was an insulting note from his son, telling me his father had attended Mrs. S——, and enclosing cheque for my fee. I retorted, and expressed the contempt I felt for any professional man who could so demean himself.

*** We publish the correspondence sent to us by Mr. Sheehy, with the consent of Dr. Davison, in letters which show us that he thinks he is right. We do so with some regret, feeling that neither party will think he has done his best in respect of the amenities either of letter-writing or of the profession, but from a sense of necessity, feeling the difficulty of placing the controversy more concisely, even if at all, before our readers, without also giving the correspondence. In truth, in most of these cases the correspondence is the controversy. About the abstract merits of such a case as this, ninety-nine men out of a hundred would not differ. They would concede the right of an old practitioner who had attended a lady with seven children, and was overtaken with a great physical calamity, to call on his patient and represent to her that he was still capable of attending her in her eighth confinement, if her wish seemed in that direction, and if an engagement with another practitioner, made in the belief that her old adviser was incapacitated, could be set aside. If ever one practitioner is entitled to the kind consideration of another, it is when he is overtaken by an illness which must ultimately disable him, but which has not yet quite done so. With the love of work surviving the loss of eyesight, and perhaps a son with good eyes to help, it would be hard to prohibit an old accoucheur from attending an old patient, or blame him for representing that he was able to do so, especially if he acted without knowing that other arrangements had been made. But, still, there are rights on the other side. Dr. Davison had been four months retained, and in this capacity had taken some trouble, and perhaps had come under some inconvenient restraint with respect to the obstetric engagement. He was fully and legally engaged, so much so that he might have claimed his fee had the patient had no further communication with him. We will go further, and say that Mr. Sheehy would have done better than he did, after receiving the letter of Mrs. S——, dated the 26th May, to have let the case remain in Dr. Davison's hands. But there is another party in this controversy—the patient,—and, as in most professional controversies, she has something to answer for. If only medical men would take each other's account *direct*, and not trust to the literal report of the patient, who often quite unintentionally errs, much less harm would be done. The patient here was evidently in a strait. She wished for her old doctor, and she also wished for a nearer one. Her action at the time of her need must be held to show which way her mind inclined. She sent for Mr. Sheehy, and this accords with Mr. Sheehy's important statement, "On finding that I was able to attend her as before, Mrs. S—— naturally wished that I should do so." The patient, in her message to Dr. Davison, made too much of Mr. Sheehy's "offer," and too little of her own wish. But the wish of the patient and the whole circumstances of Mr. Sheehy being as they were, there should have been no difficulty in adjusting the matter with Dr. Davison. There are moments for the most generous judgment possible of our fellows, and one of these moments certainly occurs when he is overtaken with a great affliction. We now come to the correspondence, and we shall not dwell upon that. If our judgment be right, there is no excuse for the expressions used and the advice tendered by Dr. Davison in his letter of the 28th of May to his senior by many years, and which not unnaturally led to further expressions on both sides, which discredit the profession and deface the letters, and which we venture to say will be regretted in cooler and more benevolent moments.—ED. L.

THE Secretary of the Medico-Ethical Association of Manchester is thanked for the fifth edition of the Rules of the Association.

*C. T. C.*—It is sufficient.

*D Inglis.*—The paper is marked for insertion.

### COMPULSORY MEDICAL EXAMINATIONS.

THE *Athenæum* states that "the authorities of Guy's Hospital Medical School have resolved upon making an idle first year's student a rare thing, if the help of a compulsory and non-competitive examination is sufficient for that purpose. This examination has just been held for the first time, and students have had four elementary papers on the principal subjects of their first year's lectures. The progress of our great hospitals into fully organised Medical Colleges is thus proceeding without hindrance; but a conjoint examination for diplomas is as far off as ever."

*Dens Sapientiæ.*—It has been computed that there are 13,000 dentists in the United States.

*Mr. H. J. Rutherford.*—The error was inadvertent.

*P. H. D.*—Yes.

### THE NAVAL MEDICAL SERVICE.

*To the Editor of* THE LANCET.

SIR,—The fleet-surgeons of the navy on the active list will read with regret the following official notice, as it deprives them of one of the coveted appointments due to them after years of expatriation in varied climates, and of confinement within ships—an appointment previously held by a naval surgeon on the retired list:—

"*Admiralty, 22nd June.*—The Lords Commissioners of the Admiralty have this day appointed John H. Aldridge, Esq., M.D., to be Visiting Surgeon at Southampton for the purposes of the Contagious Diseases Acts, 1866 to 1869, *vice* Acheson, deceased, and have nominated Dr. Simon Halford Hobley to act for Dr. Aldridge in the absence of that gentleman."—(*The Times*, 26th June, 1880.)

The junior members of the medical profession will be prompted to carefully examine, if it should ever be published, the report of the recent Admiralty Committee, presided over by Admiral Hoskins, C.B., for an explanation of the causes that have conspired to render the Naval Medical Service unpopular at the medical schools! If this report is deficient, or has ignored this important detail, the profession is in duty bound to ask that a Royal Commission may give a full and searching inquiry into the mismanagement of the Naval Medical Service that has brought it into its abject state. It is to be feared that the same spirit of intolerance still reigns and rules over naval surgeons as held sway in the first decade of the present century, when jealousy was so strikingly shown after the battle of Trafalgar.

It may be reasonably asked what have been the claims of the medical Directors-General of the Navy to their long terms of office? How has the Naval Medical Service been treated in comparison with the combatant branch of the navy and of the Army Medical Department since 1805? Why is it that the literary merits and labours of naval surgeons have been shelved in the non-publication of the Blane Gold Medal Journals, the property of the nation, but withheld contrary to the intentions of its founder from public reading and open criticism?

Medical students can draw their own conclusions, and may form this as their final opinion, that the Government does persistently all that lies in its power to render the Naval Medical Service unattractive and inferior to that of the army.

With thanks for your valuable efforts,

I remain, Sir, yours truly,

July, 1880. RODERICK RANDOM.

*To the Editor of* THE LANCET.

SIR,—As I take an interest in the Naval Medical Service, could you inform me what is the cause of the delay in issuing the Warrant for its improvement? I understand that the Committee appointed to inquire into its unsatisfactory state have long since finished their sittings. Is it expected that there will be seventy candidates for the Naval Medical Service at the next examination on August 9th (for such is the number of vacancies now), and that the medical schools will send forth men who will prefer a sea service, with far inferior pay, compulsory loss of time on half-pay, and a lower retirement, to a land service? Is it expected that the hope of good things coming may induce some to offer themselves even independent of those who fail to enter the Medical Department of the Army?

A dilatoriness in issuing the Warrant, and letting the profession know what are its provisions, is hardly the way to induce good men to enter the service. I remain, Sir, yours truly,

July, 1880. ENQUIRER.

*Senex.*—Niemeyer's Medicine (2 vols.); Flint's Physiology and Henman's Physiology; Garrod's Materia Medica; Ringer's Therapeutics; Sibson's Medical Anatomy; Bryant's Surgery; Klein's Handbook for the Physiological Laboratory; Squire's Pharmacopœia.

*Enquirer.*—Cassell's.

### "NEW INSTRUMENT FOR CLEFT-PALATE."

*To the Editor of* THE LANCET.

SIR,—Seeing an article in THE LANCET of July 24th on an instrument brought out by Dr. Edward Woakes, we beg to contradict the following statement:—"The principle of the shuttle now introduced for the first time as a surgical appliance"; having made a somewhat similar instrument, with *shuttle action*, for a Dr. Furlong, of Enniscorthy, Ireland, more than three years ago. We would not have taken any notice of the matter, but think we would not be doing justice to Dr. Furlong (the inventor of the shuttle action cleft-palate instrument) by overlooking the statement. Yours truly,

Dublin, July 28th, 1880. O'NEILL, SON, AND THOMPSON.

### TREATMENT OF OPIUM-EATING.

SURGEON T. MAYNE, Narsingpur, in a communication to the *Indian Medical Gazette*, reiterates his belief that the best method of treating opium-eating is to stop the supply at once. He refers to sixteen cases which had been under his care, one of which was a patient exceedingly weak and emaciated, and the results tend to confirm Mr. Mayne in his opinion. The condition of the patient, he states, begins to improve perceptibly about a fortnight after the withdrawal of the opium.

### AN ANCIENT MEDICAL CHARITY.

*To the Editor of* THE LANCET.

SIR,—On the boundary line of Rochester and Chatham is situated the Chapel of St. Bartholomew, together with the ruins of the Hospital for Lepers, which was attached to it. These formed one institution, founded by Gundulph in 1078. The Lepers' house is replaced by our excellent General Hospital, and we are endeavouring to restore the venerable Norman Chapel, now over 800 years old, the sole remaining link which binds us to what is, I believe, the *oldest medical charity in England*. Plans were furnished by the late Sir Gilbert Scott, who speaks of the Chapel as a "precious archæological and historical relic, the preservation of which is of the utmost importance." The sum of £900 is still required to complete this good work. Will you allow me to appeal to your readers for help on medical, ecclesiastical, archæological, and architectural grounds? I will gladly furnish the fullest particulars to anyone who may be disposed to assist, and I hope that some of those whom God has prospered in their profession may be willing to give of their substance for the preservation of His House.

I remain, Sir, yours truly,

JOHN BAILEY,
Chaplain of the Chapel and Hospital of St. Bartholomew,

August, 1880. Rochester.

*Dr. F. Fournès-Brice.*—We agree with the view taken by the surgeon of the ship. Medical men travelling as passengers on board ships have no right to interfere, and are committing a flagrant breach of professional etiquette in interfering, with the duly qualified and appointed medical officer in charge.

*Army Doctor.*—1. The Secretary of State for War.—2. £850 per annum.

*R. B.*—We can only say that the gentleman named is a registered practitioner.

### THE LATE DR. JOHN MACDONALD.

*To the Editor of* THE LANCET.

SIR,—May I be permitted to say that your article on the late Dr. John Macdonald has given universal satisfaction in Buenos Ayres; but, in doing justice to our lamented friend's merits, you have, on one point, done an unconscious wrong to others of the profession. I refer to the following paragraph:—"Three medical men only remained—one only, Dr. Macdonald, remained till all was over—in a plague-stricken city of some 150,000 inhabitants."

I know that medical men of other nationalities braved the whole plague, though their names I cannot for the moment call to mind; but, from my own circle of acquaintance, I can supply those of at any rate two more Englishmen, to whose devotion during the pestilence you will not, I trust, grudge a similar tribute of respect. They were Dr. Valentine Conyngham (since dead) and Dr. Charles Bailey Greenfield.

I enclose my card, and beg to remain, Sir, yours obediently,

Buenos Ayres, April 20th, 1880. J. G. X.

### BLINDNESS IN CONNEXION WITH PREGNANCY.

*To the Editor of* THE LANCET.

SIR,—Seeing in your issue of June 12th an account of a case of Blindness in connexion with Pregnancy, by Dr. Thompson, of Leamington, the following may prove interesting to many of your readers:—

On Feb. 28th, 1880, I was summoned to attend Mrs. C——, who was in the last month of pregnancy. At 11 A.M. she was seized with severe headache and dimness of sight. On my arrival at 2 P.M., I found her totally blind, with widely dilated pupils and unconscious. At 4 P.M. she had a severe convulsion, followed by four more in rapid succession. At 5.30 P.M., the os uteri being patulous and dilatable, I delivered her by version of a fully-developed, though small, female child. Convulsions, though less severe, continued until 7 A.M. the following morning. On my visit at 8 A.M. she was still unconscious and perfectly blind. On March 1st she had regained consciousness and partial vision, and had had no recurrence of convulsions. From this date she gradually recovered her sight, and was at the end of a fortnight downstairs, perfectly well. I am, Sir, yours faithfully,

J. BEDFORD KERSWILL, M.R.C.P. Ed.

St. Germans, Cornwall, July 5th, 1880.

### "LEGALISED QUACKERY AND LOW CHARGES."

*To the Editor of* THE LANCET.

SIR,—As a comment on your article headed as above, I would ask you to compare the payments made by the, so to say, legalised dispensaries to their medical men. For example, you published some time back the sums received yearly by the medical officers to the Reading Dispensary. If you calculate the number of visits paid at home and the patients seen at the dispensary, you will find that, allowing sixpence for each visit at their homes, it will leave threepence halfpenny for each prescription and examination of the patients attending at the dispensary; yet the medical men who submit to such payments are praised, while their poorer brethren are chastised. I am, Sir, yours &c.,

August, 1880. H. F. S.

*Ignoramus.*—We presume the husband could exert legal pressure in such circumstances in various ways. The question is legal rather than medical. We should be glad to hear further of the case.

THE Editor of the *New Zealand Herald* is thanked for his just vindication of the profession.

*F.R.C.S.* 80.—We do not reply to questions unaccompanied with the name of the inquirer.

*Hinc Sanitas* has omitted to send his name.

## PERAMBULATORS.

*To the Editor of* THE LANCET.

SIR,—*Mr. Punch* is fond of pointing out the dangers to which perambulators subject the limbs of the general public. I would ask you to call attention to the perils to which these machines in their present make expose the tender offspring of the public.

My attention has been drawn to this subject by the difficulty I have had in finding suitable machines for my patients and friends, and by the fact that when I wanted a coach-perambulator for one of my children suffering from spinal caries, I could not buy it, and had to have one made. There are in ordinary perambulators three great defects, the lesser of which I consider to be, insufficient support on each side of the child, so that he falls into a bad position if he is weak or is allowed to go to sleep. Next to this is the attachment of the handle to the body, the nurse's hold interfering with the swing of the carriage. But the main fault is that the springs are much too rigid; anyone may find out, by pressing heavily on the seat, that the machine is made to bear weight, and not to be elastic, and this fault is rendered more important by the smallness of the wheels; for a very slight knowledge of mathematics will show that the jerk a small wheel receives in passing over a stone or a roughness in a pavement is far greater than would be given to a larger wheel. The best kind of spring for perambulators is a helix of two or three turns. I first saw such on a rather costly little carriage at Coventry, and have since tried in vain to obtain them; but I believe that if perambulators were made with this valuable addition, they would not cost many shillings more than they do without it. Bicycle wheels with rubber tyres are an improvement, but, involving an extra outlay of a pound, are not likely to be very commonly used. I have found that one of the usual infant bone-shakers may be turned into an easy carriage by having a loose seat fitted, resting on two spiral couch-springs, its back being supported by shorter ones.

That this matter is really one of preventive medicine, and deserves the attention of the profession, is the humble opinion of,

Yours very truly,

Castle Cary, July, 1880. C. P. COOMBS, M.D.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. B. Yeo; Mr. S. Gamgee, Birmingham; Mr. Sydney Jones, London; Mr. Baker, Derby; Dr. P. Smith, Shepton Mallet; Dr. R. Norris, Birmingham; Mr. Worthington, Lowestoft; Mr. Morris, Swansea; Mr. Armstrong, Newton Abbot; Mr. T. Cooke; Mr. Adams, Liverpool; Dr. S. White, Bradford; Dr. Fournias-Brice, Oxton; Dr. Alfred Hill, Birmingham; Dr. McCall Anderson, Glasgow; Mr. Newnham; Dr. G. H. Boyland, Baltimore; Dr. Biggart, West Hartlepool; Mr. H. F. Baker, London; Mr. Baber, Brighton; Dr. H. Bennett, London; Dr. Norman Kerr, London; Mr. Constable; Mr. Dunn; Mr. Goyder, Newcastle-on-Tyne; Dr. Nixon, Swinaford; Dr. Skinner; Dr. Maclean, Cairo; Mr. Downes; Messrs. O'Neill, Son, and Thompson; Dr. Charteris; Dr. Macpherson, Glasgow; Dr. Heywood Smith; Dr. Finlay, London; Dr. Rayner; Surgeon-General C. A. Gordon; Dr. Sheen, Cardiff; Mr. B. Jones; Dr. Monckton; Mr. Lloyd; Dr. Logie; Mr. Phillips; Mr. Cornish, Manchester; Mr. Eastwood, Blackburn; Messrs. Byles and Son, Bradford; Dr. Buchanan, Glasgow; Mr. Forester, Deeping-gate; Mr. Powell, Exham-on-Tyne; Mr. Ross, Elmina; Mr. Browne, Liverpool; Dr. Maclagan, London; Mr. G. Smiles, London; Mr. Fendick, London; Mr. Bailey, London; Dr. F. E. Clarke; Dr. Livingstone, Stanhope; Messrs. Taylor Brothers; Dr. W. H. Barlow; Dr. Dolan; Mr. Thicke; S. U. M.; P. H. D.; Ignoramus; Senega; Philo-Lancet; Eucalyptus; Army Doctor; M.R.C.S.; L.R.C.P., Bradford; Enquirer; Pericula; Sardinia; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. T. Smith; Mr. Baldwin, Warwick; Dr. Bell, Preston; Mr. Moulding, Liverpool; Mr. Glen, Southbank; Mr. Crinan, Burnley; Mr. Gamson, St. Clears; Mr. Folkard, Wymondham; Mr. Hughes, Sudbury; Mr. Pritchard, Brighton; Mr. White, Newport; Mr. Henchey, Quebec; Mr. George, Liverpool; Mr. Godfrey, Northampton; Mr. Morris, Llandrindod; Mr. Callant, Bridgnorth; Messrs. Clark and Co., York; Mr. Roberts; Dr. Duke; Mr. Milner; Mr. Hutchinson, Newport; Mr. Grenfield; Messrs. Norton and Co.; Mr. Miller; Dr. Hall; Mr. C. Wood; Mr. Greenwood; Mr. Thomas; Mr. Collings; Mr. Walford, Dudley; Dr. Sandford, Hereford; Dr. Pinder, Bow; Messrs. A. and C. Black, Edinburgh; Dr. Squire, London; Mr. Shirtliff, Kingston-on-Thames; Mr. Legge, Aberdeen; Mr. Brett, Leicester; Mr. Wilson, Eastbourne; Mr. Burnie, Nottingham; Mr. Burn, Weston-super-Mare; Z. T. P.; Victoria Hospital; N. S. T., Cambridge; Genuine; H. F., Chobham; Medicus, Sheffield; M. G. W.; A. P., Pall-mall; G. A. S., Worcester; X. Y. Z.; L. M., Great Ayton; M. C., Watton; Surgeon, Sheffield; T. M. R., Lintz Green; M.D., Llanelly; Medicus, Polperro; A. Z., Lowestoft; Surgeon, N.; X., Clifton; G. H. E., Sheffield; Surgeon, Stockport; North London; Medicus, Great Grimsby; O. R.; &c.

*Students' Journal, Wharfedale and Airdale Observer, Chemists' Journal, Calcutta Medical News, Pharmaceutical Journal, Derbyshire Advertiser, Indian Medical Gazette, St. Pancras Guardian, Bradford Observer, Weekly Herald, Deutsche Medicinal-Zeitung, Hampshire Advertiser, La Independencia Médica, Halifax Courier, &c.*, have been received.

# Medical Diary for the ensuing Week.

### Monday, Aug. 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.

### Tuesday, Aug. 10.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

### Wednesday, Aug. 11.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1 P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

### Thursday, Aug. 12.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M.

### Friday, Aug. 13.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

### Saturday, July 14.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.


## SUBSCRIPTION.

POST FREE TO ANY PART OF THE UNITED KINGDOM.

One Year.....£1 12 6 | Six Months .....£0 16 3
TO CHINA AND INDIA ..... One Year, 1 16 10
TO THE COLONIES AND UNITED STATES .. Ditto, 1 14 8

Post Office Orders should be addressed to JOHN CROFT, THE LANCET Office, 423, Strand, London, and made payable at the Post Office, Charing-cross.

Notices of Births, Marriages, and Deaths are charged five shillings.

Cheques to be crossed "London and Westminster Bank."

## ADVERTISING.

| | |
|---|---|
| Books and Publications .. .. .. .. .. .. .. .. | £0 5 0 |
| Official and General Announcements .. .. .. .. .. | 0 5 0 |
| Trade and Miscellaneous Advertisements .. .. .. | 0 4 6 |
| (Seven lines, each averaging ten words, or seventy words in all). | |
| Every additional Line .. .. .. .. .. .. .. .. | 0 0 6 |
| Front Page .. .. .. .. .. .. .. per Line | 0 1 0 |
| Quarter Page .. .. .. .. .. .. .. .. .. | 1 10 0 |
| Half a Page .. .. .. .. .. .. .. .. .. | 2 15 0 |
| An entire Page .. .. .. .. .. .. .. .. .. | 5 5 0 |

The above Scale of Charges is arranged upon the basis of the classification adopted in the Index.

An original and novel feature of "THE LANCET General Advertiser" is a special Index to Advertisements (on page 2), which not only affords a ready means of finding any notice, but is in itself an *additional* advertisement.
Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday, accompanied by a remittance.
Answers are now received at this Office, by special arrangement, to Advertisements appearing in THE LANCET.
Terms for Serial Insertions may be obtained of the Publisher, to whom all letters relating to Advertisements or Subscriptions should be addressed.
Advertisements are now received at all Messrs. W. H. Smith and Sons' Railway Bookstalls throughout the United Kingdom.
The postal arrangements relating to the distribution of THE LANCET will be considered from time to time in the interests of subscribers.
Tables of Contents, with the Index of Advertisements, for each Number can be had on application to the Publisher.

**Agent for the Advertising Department in France—J. ASTIER, 97, Rue Caumartin, Paris.**